

Name
In
Full

Rodney G Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

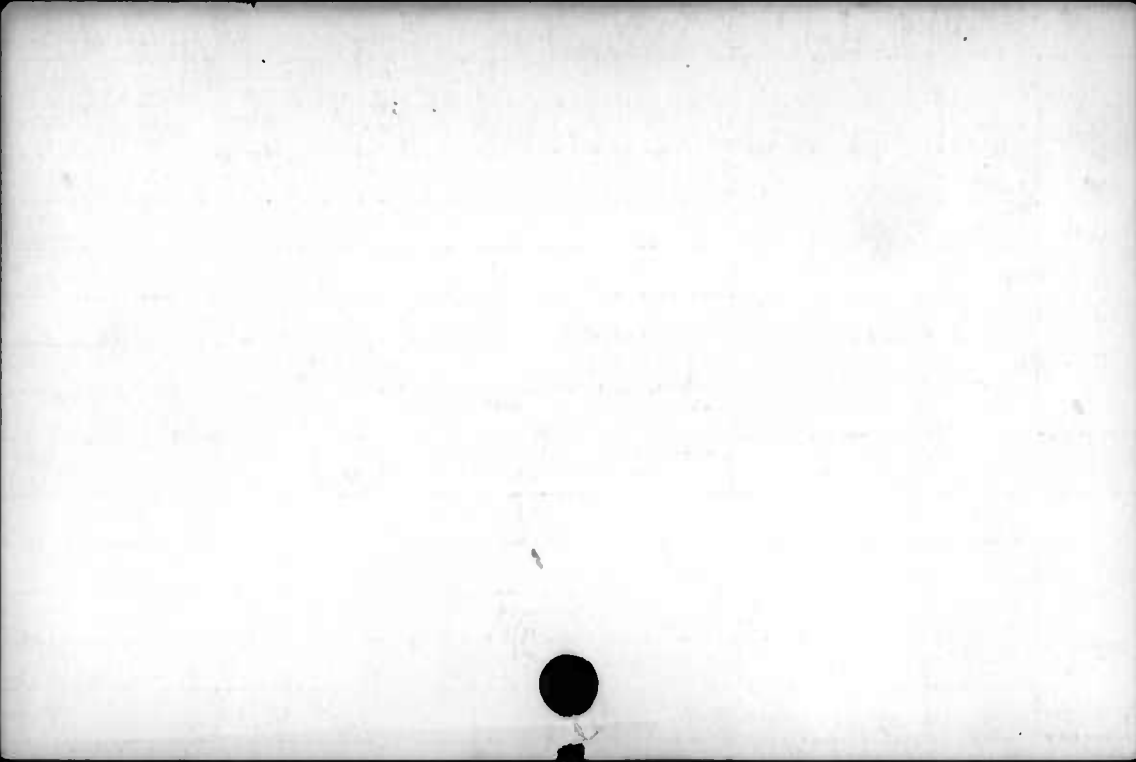
Died at <i>Barth</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Mar.</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegh. Co</i>		
Occupation <i>L</i>	Where Residing if not at place of death <i>L</i>				
Married, Single or Widowed <i>L</i>	Name of Wife or Husband <i>L</i>				
Father's Name <i>Wm. Andrews</i>	Father's Birthplace <i>Allegh. Co.</i>				
Mother's Maiden Name <i>Carrie Michaels</i>	Mother's Birthplace <i>Allegh. Co</i>				
Name of person giving information <i>Wm. Andrews</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

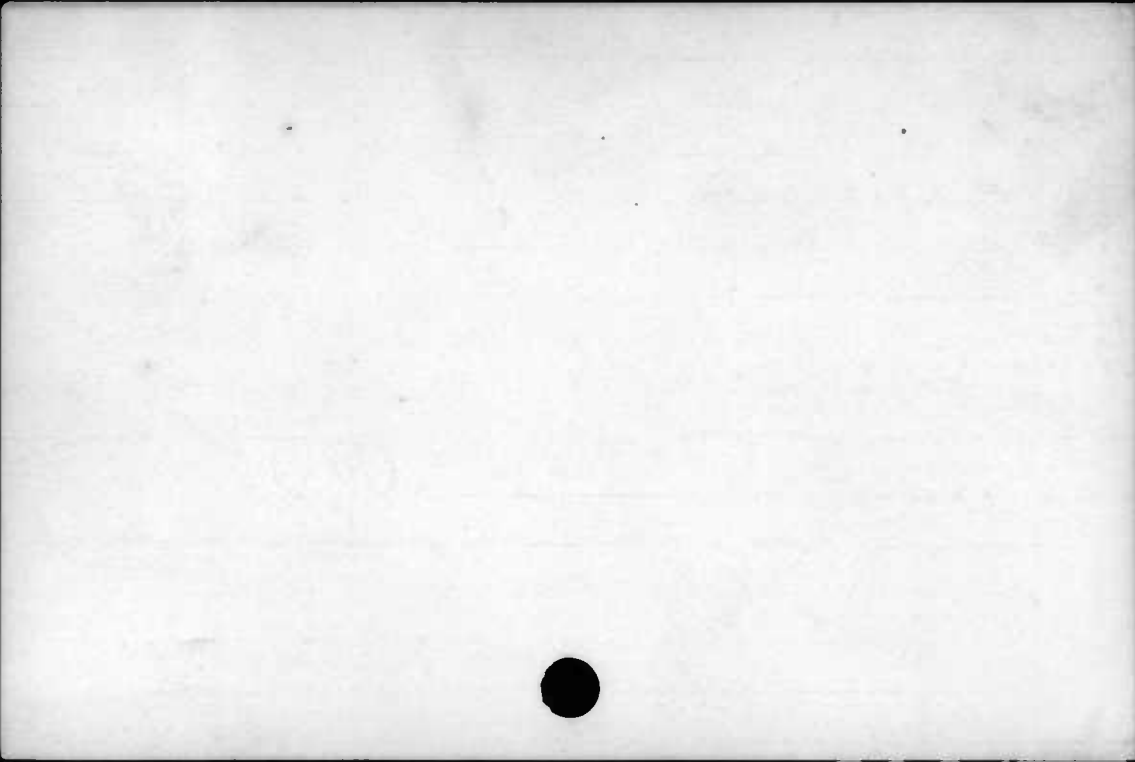
(6)

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long
Immediate <i>Pneumonia</i>	How long <i>ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. A. Boncher</i>
	Address <i>Barth</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Frostburg</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
	Date of death <u>1908</u>	<u>17</u> ^{Month}	<u>84</u> ^{Day}	<u>54</u> ^{Years}	<u>—</u> ^{Months}	
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Mont. Co. Md.</u>		
	Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Solomon Arnold</u>				
	Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
	Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
	Name of person giving information <u>Phillip Dorsey</u>	How related to deceased <u>Son</u>				
<div style="text-align: center;">CAUSES OF DEATH 142</div>						
PHYSICIAN OR CORONER	Primary <u>Senile Debility</u>		How long <u>Several years</u>			
	Immediate <u>Gangrenous ulcer of ankle</u>		How long <u>3 weeks</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. C. Clobey</u>			
	<u>no</u>		Address <u>Frostburg Md.</u>			
Accident or Suicide? <u>no</u>						



Name
in
Full

CERTIFICATE OF DEATH

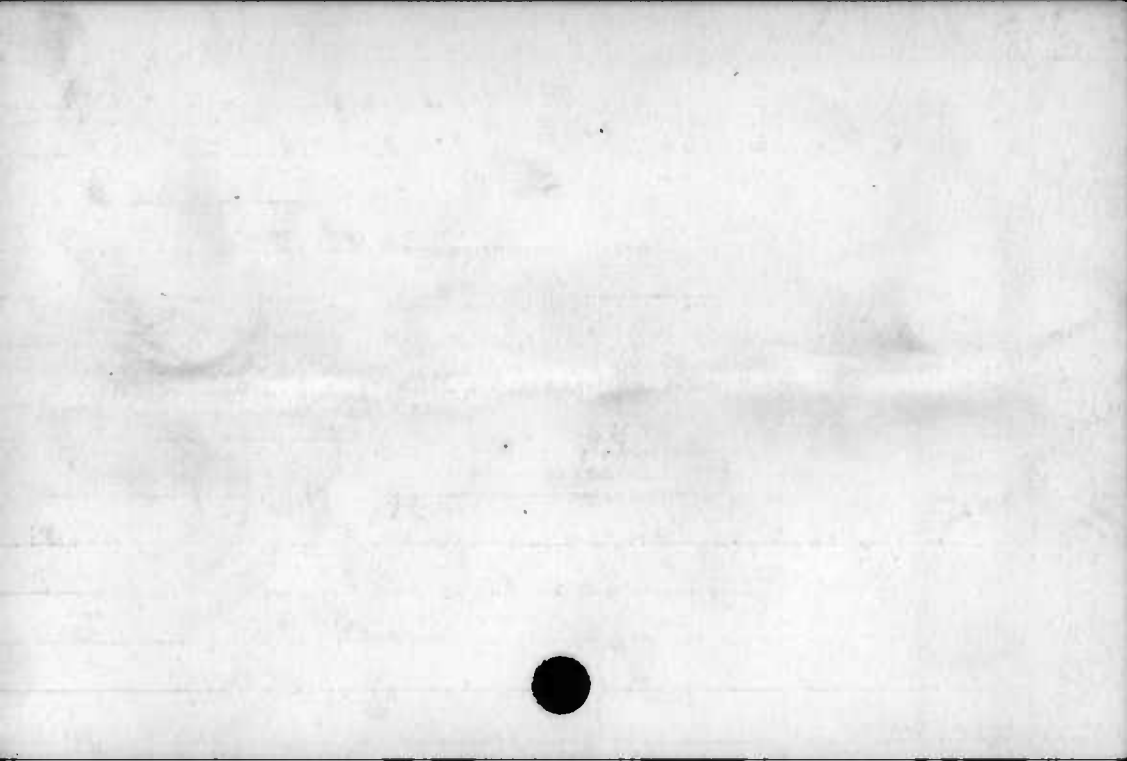
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Henry Ayers</i>		Town <i>Barton</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Barton</i>		Month <i>March</i>		Day <i>31st</i>		Years <i>One</i>	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>31st</i>		Age <i>One</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Barton</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>with parents.</i>		Days <i>13.</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Ezekiel Ayers.</i>		Father's Birthplace <i>Barton.</i>					
Mother's Maiden Name <i>Lucy Hyde</i>		Mother's Birthplace <i>Barton.</i>					
Name of person giving information <i>Lucy Ayers</i>		How related to deceased <i>Mother.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>One week.</i>
Immediate <i>Convulsions.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. McGinnis</i>
	Address <i>Barton, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Blough

Town

near Cumberland

County

Allegheny

MARYLAND

Date

of death

1908

Month

Mar

Day

14

Age

Years

20

Months

3

Days

14

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Domestic

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Ephraim Blough

Father's
Birthplace

Pa

Mother's
Maiden Name

Amanda Johnson

Mother's
Birthplace

Pa

Name of person giving
information

Margaret Johnson

How related
to deceased

Aunt

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

How long

Two years

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

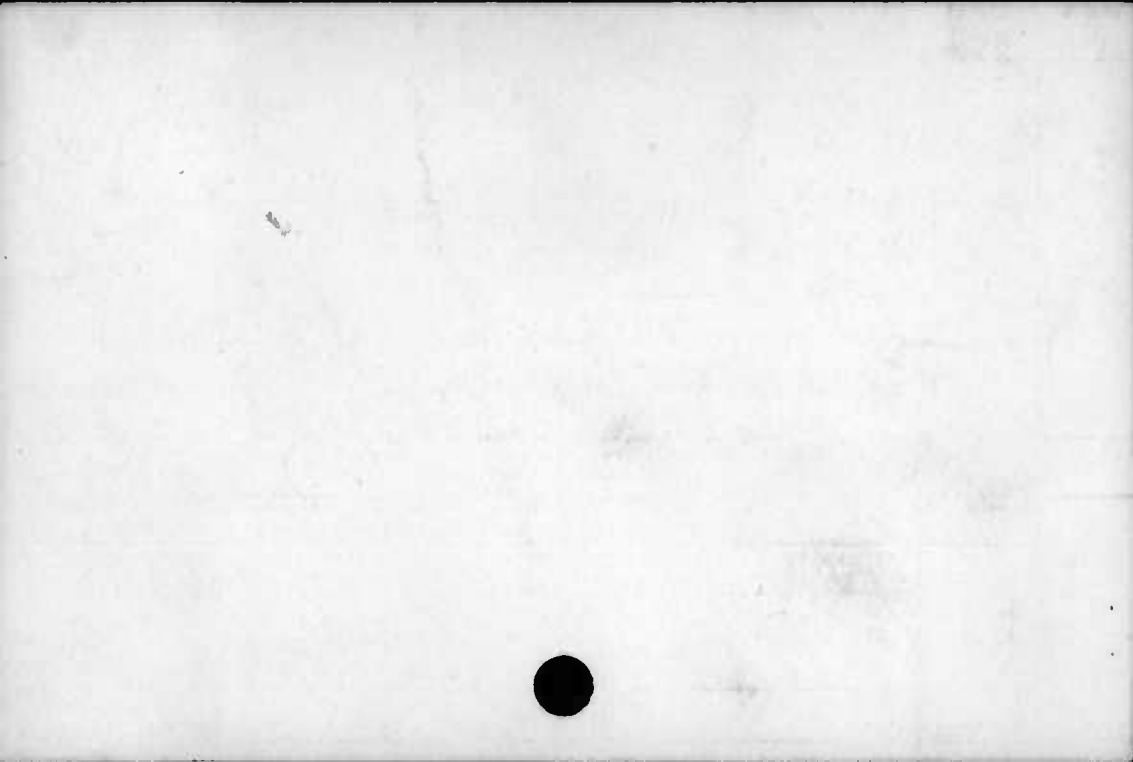
W. R. Hodges

Address

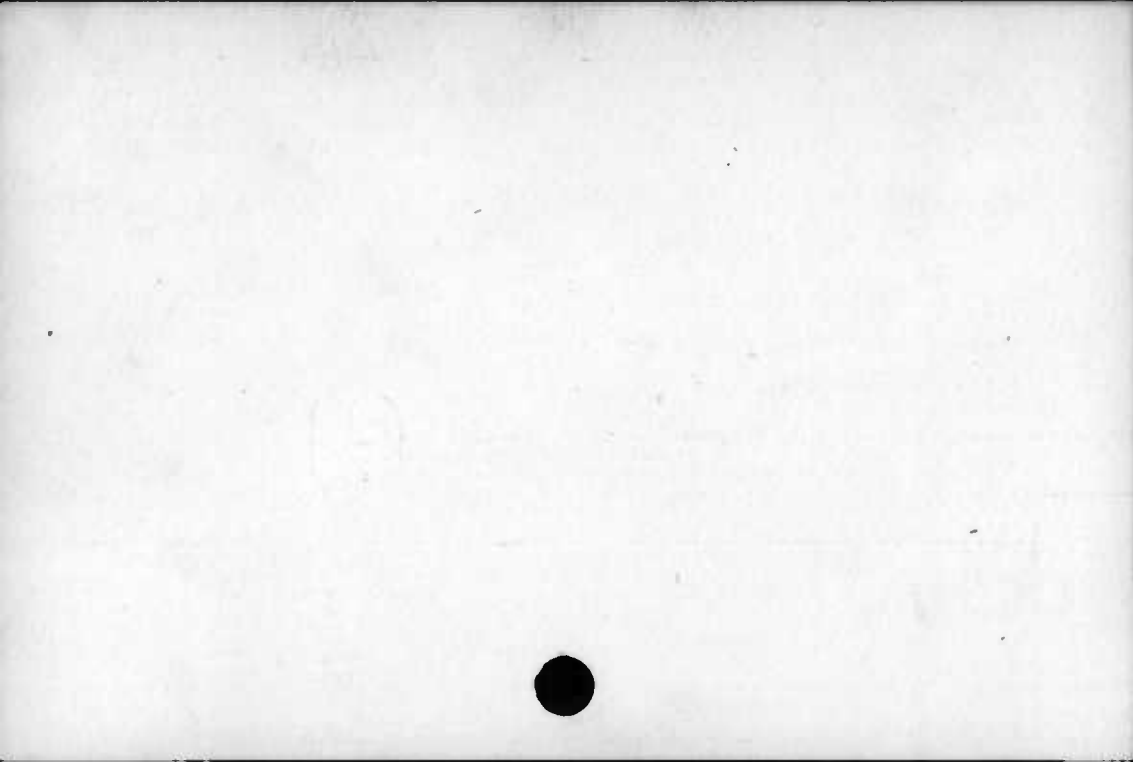
Cumberland, Md.

Hodges

Accident or Suicide?



Name in Full		(Stillborn)		Boward		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Crumbland</u>		County <u>Allegheny</u>		MARYLAND		
	Date of death <u>1908</u>	Month <u>Mar.</u>	Day <u>22</u>	Age <u>7</u>	Years <u>7</u>	Months <u>7</u>	Days <u>7</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>MD</u>		
	Occupation <u> </u>		Where Residing if not at place of death <u> </u>				
	Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>				
	Father's Name <u>Harry F. Boward</u>				Father's Birthplace <u>MD.</u>		
	Mother's Maiden Name <u>May J. Robinette</u>				Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Mother</u>				How related to deceased <u>Mother</u>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div>							
PHYSICIAN OR CORONER	Primary		<u>Unknown / (possibly malformation)</u>		How long <u>Stillborn</u>		
	Immediate		<u>Exhaustion</u>		How long <u>Stillborn</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>G. S. Broadrup MD</u>				
			Address <u>Crumbland</u>				
	Accident or Suicide? <u>No</u>		MD				



Name
in
Full

Mary Broadwater Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

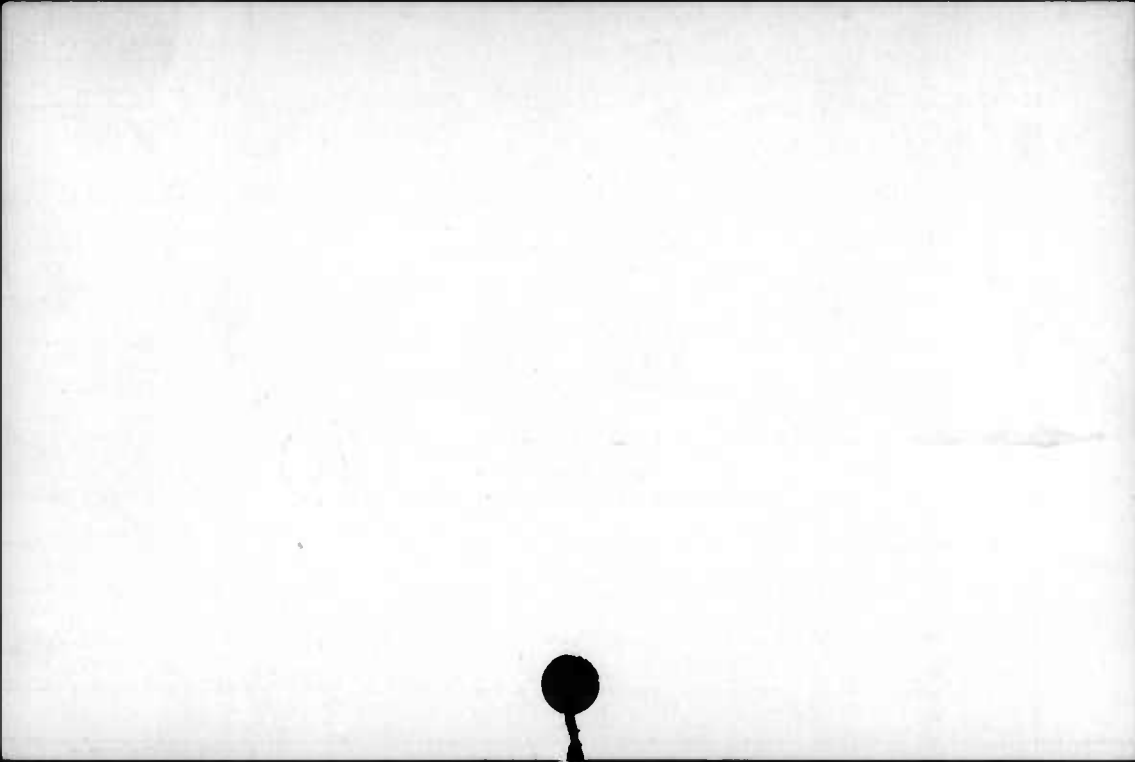
Died at <u>Barton</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>7</u>	Age <u>74</u>	Months <u>7</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Ganett Co, Md</u>		
Occupation <u>HW</u>		Where Residing if not at place of death <u>1</u>			
Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband <u>Solomon Brooks</u>			
Father's Name <u>Noble Broadwater</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>David Brooks</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Amplegia</u>	How long <u>One year</u>
Immediate <u>Uremic Coma</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. Boucher</u>
	Address <u>Barton, Md</u>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Annie Browning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Md ^{Town} Savage		County		Allegany		MARYLAND	
Date of death		1908	Month	March	Day	5 th	Age	Years	22
								Months	9
								Days	
Sex		Female		Color or Race		White		Birth-place	
								Md Savage	
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Widowed		Name of Wife or Husband		Elmer O Browning			
Father's Name		John Barrett		Father's Birthplace		Ireland			
Mother's Maiden Name		Maria Stevens		Mother's Birthplace		Md			
Name of person giving information		Mrs Carabian		How related to deceased		Brother-in-law			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 years
Immediate	Exhaustion	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y		F. Alan E. Murray Md	
		Address	
		Md Savage	
Accident or Suicide?			
		Md	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Browning

Died at **Intersville** Town **Allegheny** County

Date of death **1908** Month **Mar.** Day **30** Age **79** Years Months **—** Days **—**

Sex **Male** Color or Race **White** Birth-place **Pa.**

Occupation **Farmer** Where Residing if not at place of death **—**

Married, Single or Widowed **Widowed** Name of Wife or Husband **Eliza Jane Browning**

Father's Name **Ephriam Browning** Father's Birthplace **Pa**

Mother's Maiden Name **Anna James** Mother's Birthplace **Pa**

Name of person giving information **Anna Wilson** How related to deceased **Daughter**

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary **Organic disease of Heart** How long **Several years**

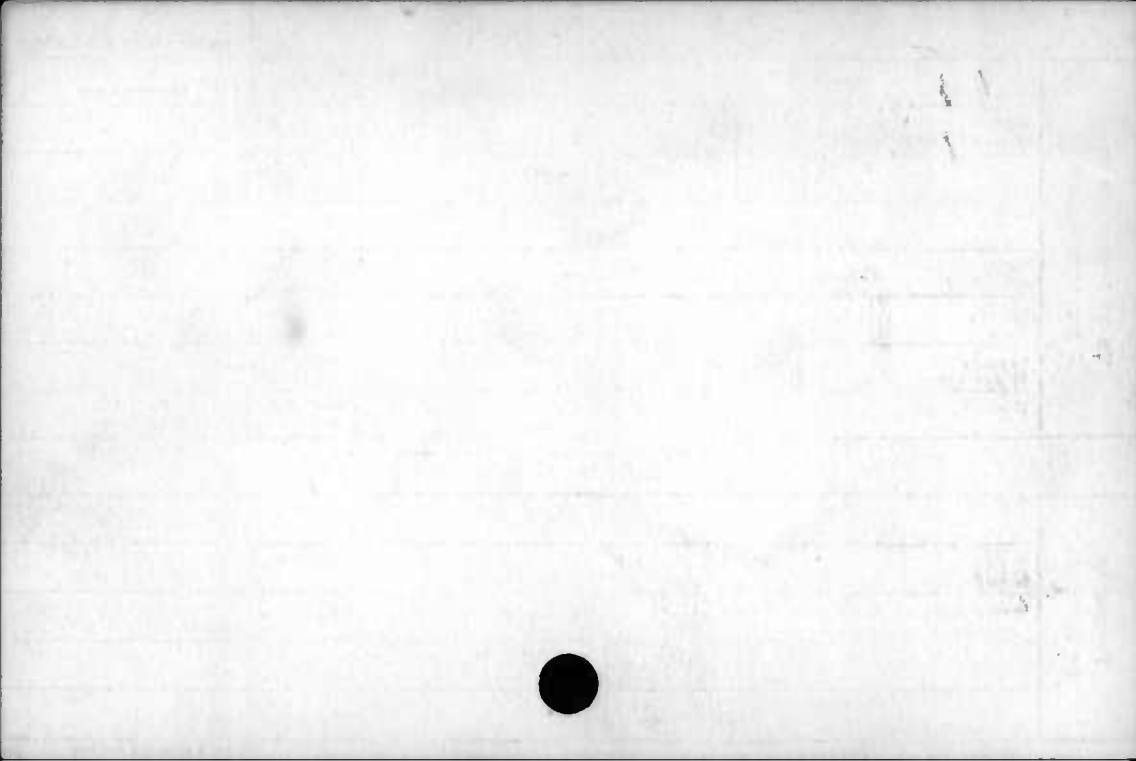
Immediate **Infarct** How long **many months**

Are the name, age, sex, color, date and place correctly given above **Yes**

Signature of Physician **James J. ...**

Address **...**

Accident or Suicide? **Flintstone, Md.**



Name
in
Full

CERTIFICATE OF DEATH

Eliza C Campbell

Town

County

MARYLAND

Died at *Emmels*

Alleg

Date

Month

Day

Years

Months

Days

of death *1908*

Mar

18

Age *49*

Sex

Female

Color or
Race

White

Birth-
place

West Va

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

George Campbell

Father's
Name

Joseph Nurse

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

" "

Name of person giving
In formation

George Campbell

How related
to deceased

Husband

CAUSES OF DEATH

42

Primary

Cancer of Ventrals

How long

2 yrs

Immediate

Cxhaustion

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

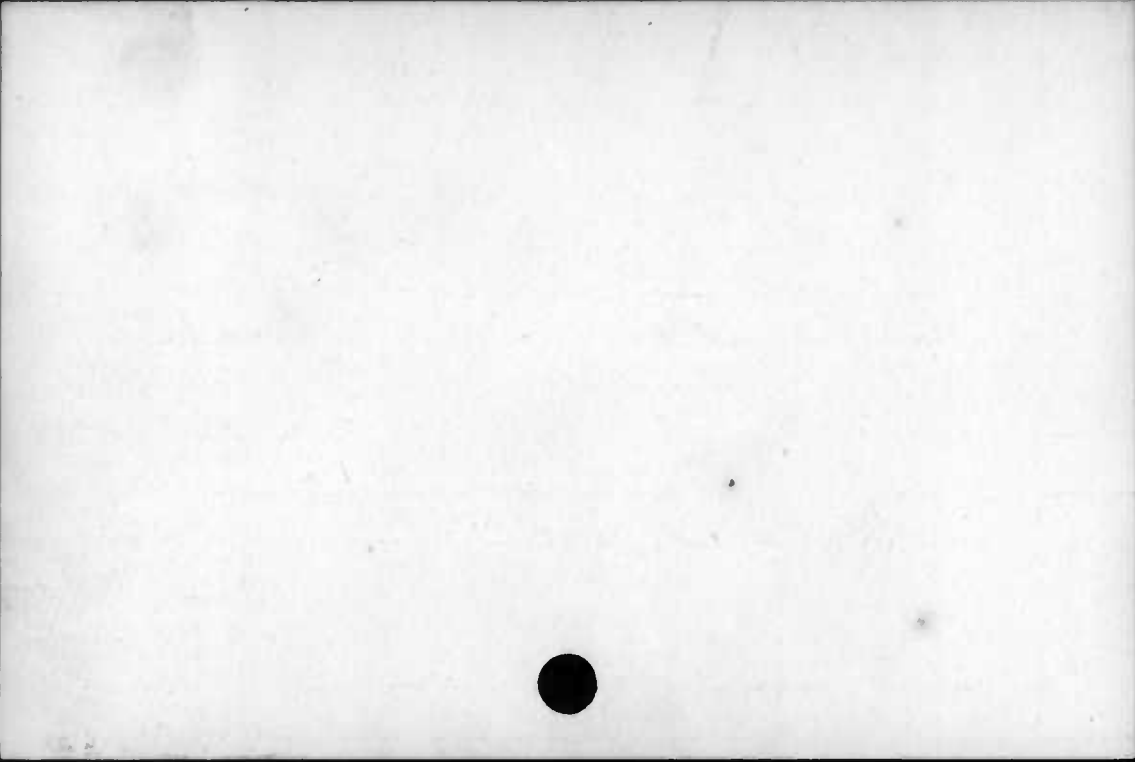
Address

*M. A. Furgg,
Amulala,
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

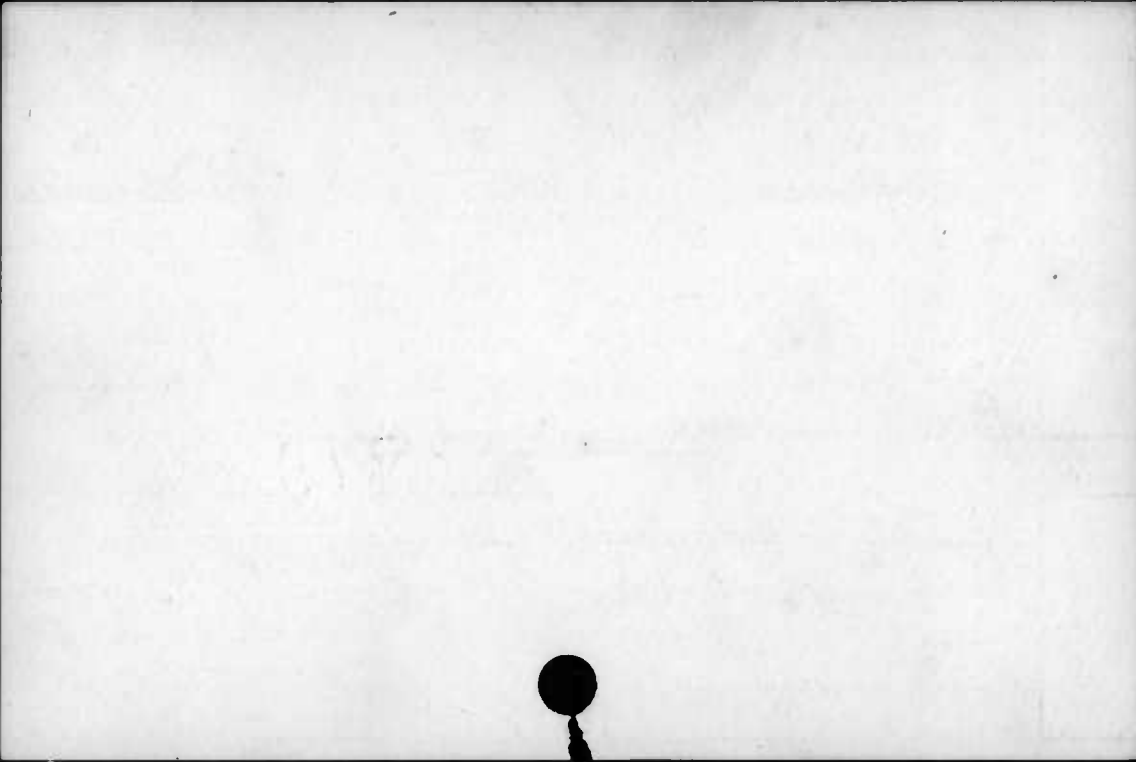
Died at <i>Cresaptown</i>		County <i>Allegh</i>		MARYLAND	
Date of death <i>1908 Mar 12</i>		Age <i>68</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cresaptown Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>I don't know</i>				
Father's Name <i>Wm. Cecil</i>	Father's Birthplace <i>Cresaptown</i>				
Mother's Maiden Name <i>Emma Van Meter</i>	Mother's Birthplace <i>W. Va.</i>				
Name of person giving information <i>A. M. Van Meter</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Fatty Degeneration Heart.</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Cunningham</i>
	Address <i>—</i>
Accident or Suicide?	

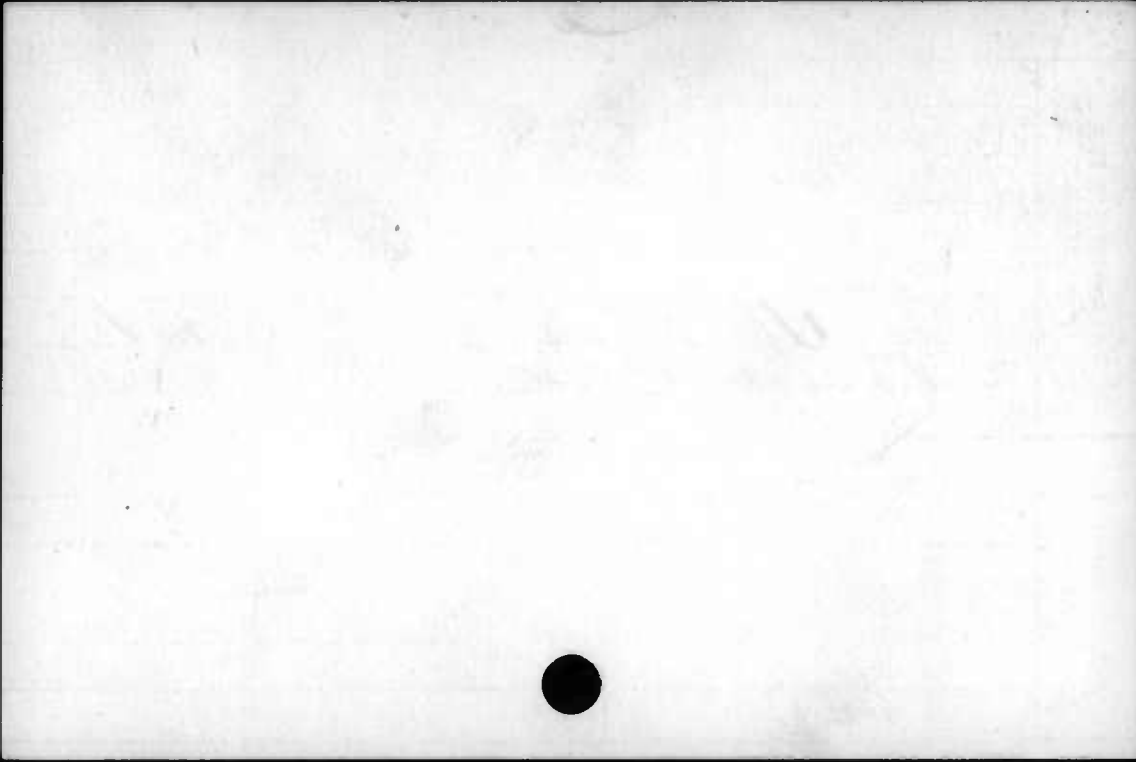


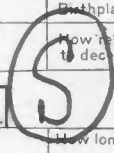
Name in Full		Samuel H. Cline				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Cumberland		^{County} Alleg.		MARYLAND		
		Date of death 1908		Month 3	Day 7	Age 31	Years 3	Months 16
		Sex White Male		Color or Race White		Birth-place Eckhard Mines		
		Occupation Miner		Where Residing if not at place of death			Frostburg Md.	
		Married, Single or Widowed Single		Name of Wife or Husband				
		Father's Name Alfred Cline		Father's Birthplace Ohio				
		Mother's Maiden Name Mary E. Ludbey		Mother's Birthplace Scotland				
Name of person giving information Alfred Cline		How related to deceased		Father				
		CAUSES OF DEATH				(104)		
PHYSICIAN OR CORONER		Primary Gastritis		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Dr P. P. Pwigg				
				Address Cumberland				
		Accident or Suicide?				End		

Ally. Cenn.
Town.

J. H. afe

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND ✓		Died at <i>Cumberland</i> Town		County <i>Allegany</i>	
		Date of death <i>1908</i> Month <i>3</i> Day <i>1</i>		Age <i>76</i> Years Months <i>11</i> Days	
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>	
		Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Cumberland</i>		
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>David Clites</i>		
Father's Name <i>Aquila Riser</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Felicy Brall</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Eva Clites</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER <i>L</i>		Primary <i>Organic Heart Disease</i>		How long <i>10 yrs</i>	
		Immediate <i>Old age & Exhaustion</i>		How long <i>2 wks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Turegg</i>	
				Address <i>Cumberland</i>	
		Accident or Suicide? <i>No</i>			



Name in Full		Infant C. P. Coffee				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumula</i> Town		<i>Alleg</i> County		MARYLAND		
		Date of death <i>1908</i>	<i>Mar</i> Month	<i>18</i> Day	Age	Years	Months	Days
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumula</i>		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>				
		Father's Name <i>C. P. Coffee</i>				Father's Birthplace <i>Cumula</i>		
		Mother's Maiden Name <i>Louise Davis</i>				Mother's Birthplace <i>"</i>		
		Name of person giving information <i>C. P. Coffee</i>		How related to deceased <i>Father</i>				
		<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>						
PHYSICIAN OR CORONER		Primary <i>Still born</i>		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Jones</i>		Address <i>Cumula</i>		
		Accident or Suicide?						



5 Children.

Name
in
Full

Isabell F. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

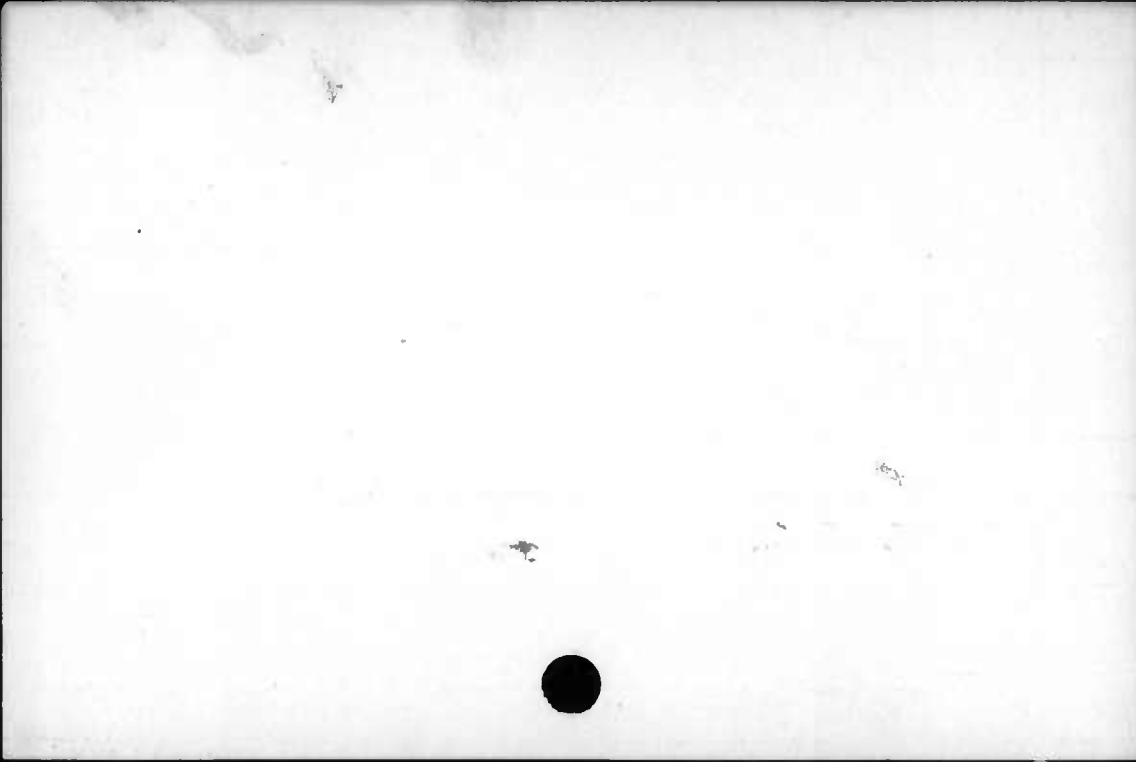
Died at ^{Town} <i>Emberland</i>		^{County} <i>Alleghany</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>63</i>	Months <i>9</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fruition Co Pa</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Saml. F. Davis</i>				
Father's Name <i>Thomas Strausbaugh</i>	Father's Birthplace <i>Idame Co Pa</i>		Mother's Birthplace <i>Juniata Co Pa</i>		
Mother's Maiden Name <i>Jane Barrett</i>	Name of person giving information <i>Saml. F. Davis</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart disease</i>	How long <i>Several years</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Gure</i>
	Address <i>Emberland Md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Archibald Denismore

CERTIFICATE OF DEATH

O BE ANSWERED BY
NEAREST FRIEND

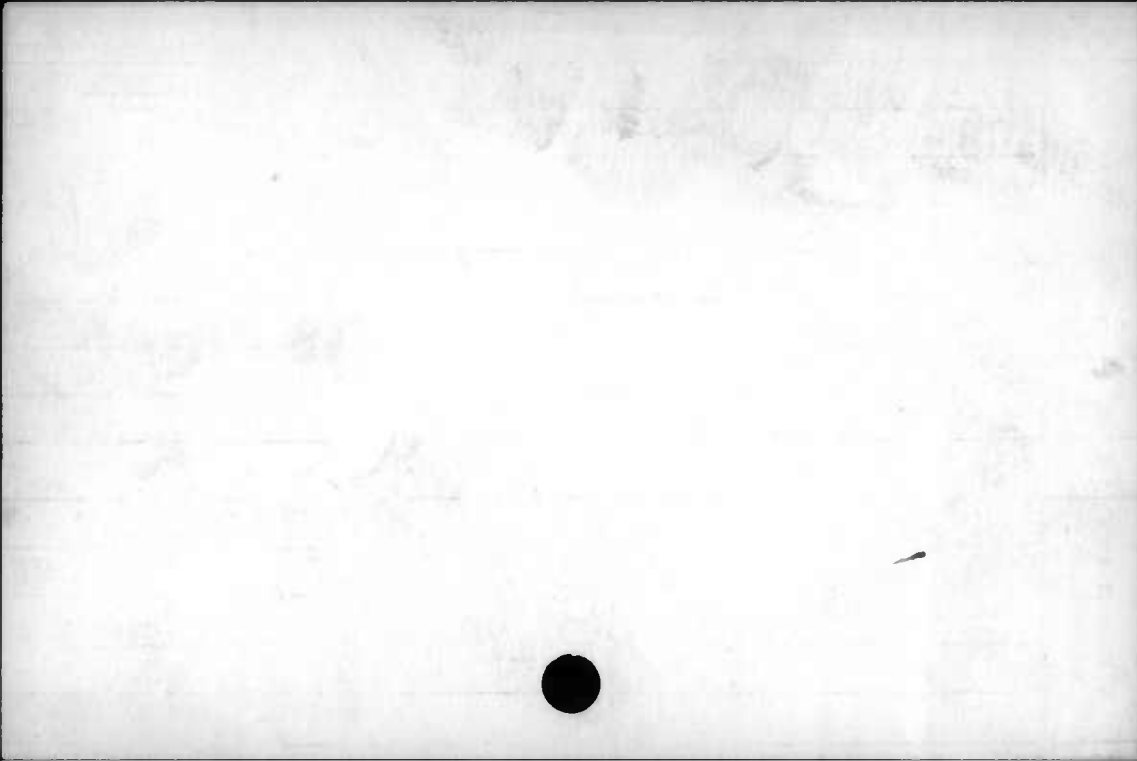
Died at <i>Carlow</i> Town			<i>Adelgany</i> County			MARYLAND					
Date of death	1908	Month	March	Day	19	Age	3	Months	10	Days	12
Sex	Male			Color or Race	White			Birth-place	Carlow, I.		
Occupation	—				Where Residing if not at place of death —						
Married, Single or Widowed	—			Name of Wife or Husband —							
Father's Name	Alex. H. Denismore							Father's Birthplace	H. Va.		
Mother's Maiden Name	Elizabeth A. Piler							Mother's Birthplace	Md.		
Name of person giving Information	—							How related to deceased	—		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	<i>measles</i>	How long	<i>two weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. J. L. Chenev</i>
		Address	<i>Midlothian</i>
Accident or Suicide?			<i>Md.</i>



Name
in
Full

Susan Dodd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cum</i> Town		County <i>Alle</i>	
Date of death	1908	Month	Mar
	Day	28	Age
	Years	77	Months
			Days
Sex	Female		Color or Race
	White		Birth-place
	Va		Where Residing if not at place of death
Occupation	Housekeeper		
Married, Single or Widowed	Widowed		
Name of Wife or Husband	Isaac Dodd		
Father's Name	Mathew Dodd		
Father's Birthplace	unknown		
Mother's Maiden Name	Martha Spear		
Mother's Birthplace	unknown		
Name of person giving information	Mary V Fisher		
How related to deceased	Daughter		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Thos. W. Brown</i>	
Address		<i>Cumbersland</i>	
<i>Hagerstown</i>		<i>Koon</i>	
Accident or Suicide?		<i>No</i>	

Hagerstown
Washington Co.

8 children

3 sons

5 Daughters

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Donnelly*

Died at *Co. Home* ^{Town} *allcaying* ^{County}

Date of death *1908* ^{Month} *5* ^{Day} *14* ^{Years} *63* ^{Months} *0* ^{Days} *0*

Sex *Male* Color or Race *White* Birth-place *N.Y.*

Occupation *Local* Where Residing if not at place of death *Cumby Md*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *G. R. V.* How related to deceased *None*

CAUSES OF DEATH

(62)

PHYSICIAN
OR CORONER

Primary *Loose motion, Stax* How long *8 or 10 yrs*

Immediate *Exhaustion* How long *2 weeks*

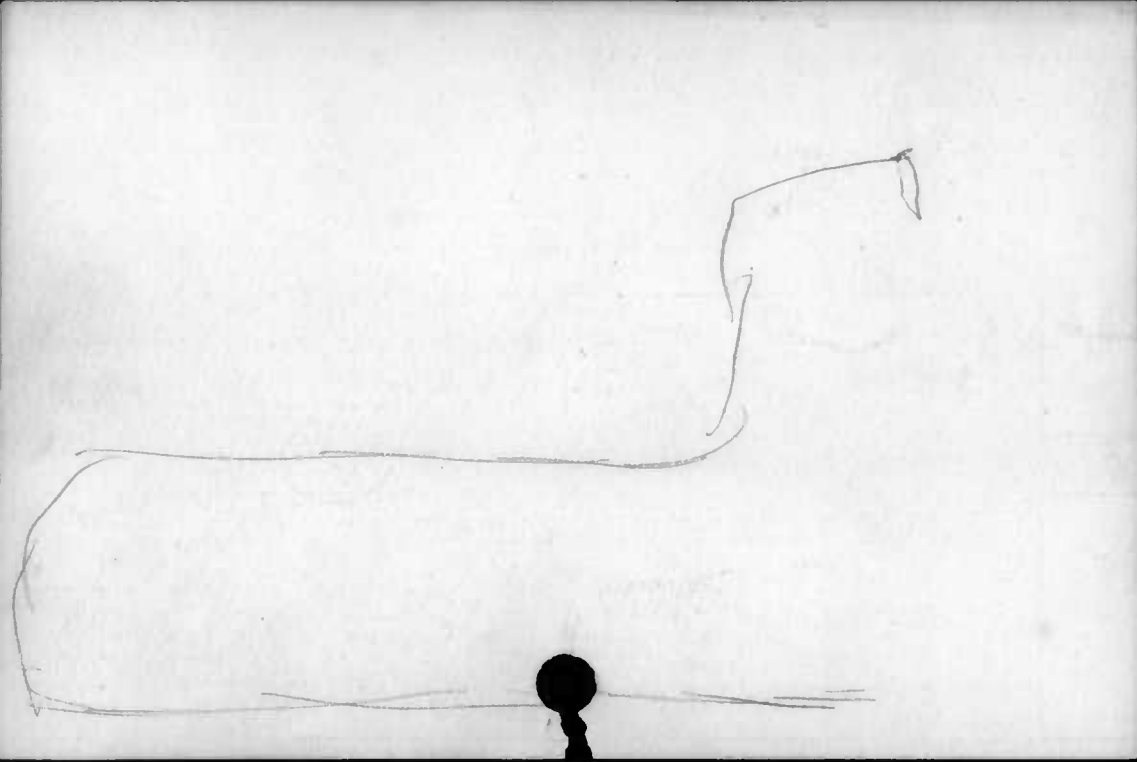
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Briggs*

Address *Cumbyland, Md*

Filed *1908*

Accident or Suicide? *No*



Name
in
Full

Charles Franklin Dressing

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Cumberland

Allegheny

Date of death 1908

Month March

Day 26

Age

Years -

Months -

Days 26

Sex Male

Color or Race

White

Birth-place

Cumberland

Occupation

none

Where Residing if not at place of death

-

Married, Single or Widowed

-

Name of Wife or Husband

-

Father's Name

J. W. Dressing

Father's Birthplace

W. Va.

Mother's Maiden Name

Carrie Cumbrough

Mother's Birthplace

Cumberland

Name of person giving information

J. W. Dressing

How related to deceased

Father

CAUSES OF DEATH

151

Primary

Premature child (6 1/2 mo)

How long

-

Immediate

Inanition

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. L. Souplin

Address

Cumberland Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

4 Haley -

Name
in
Full

CERTIFICATE OF DEATH

Infant Dye
Dorchester, Louisiana, Allie

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Dorchester, Louisiana* County *Allie*

Date of death *1908* Month *Mar* Day *18* Age *—* Years *—* Months *—* Days *—*

Sex *male* Color or Race *White* Birth-place *Dorchester, Louisiana*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James Dye* Father's Birthplace *Louisiana*

Mother's Maiden Name *Elizabeth Robertson* Mother's Birthplace *Missouri*

Name of person giving information *Miss James Dye* How related to deceased *Mother*

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

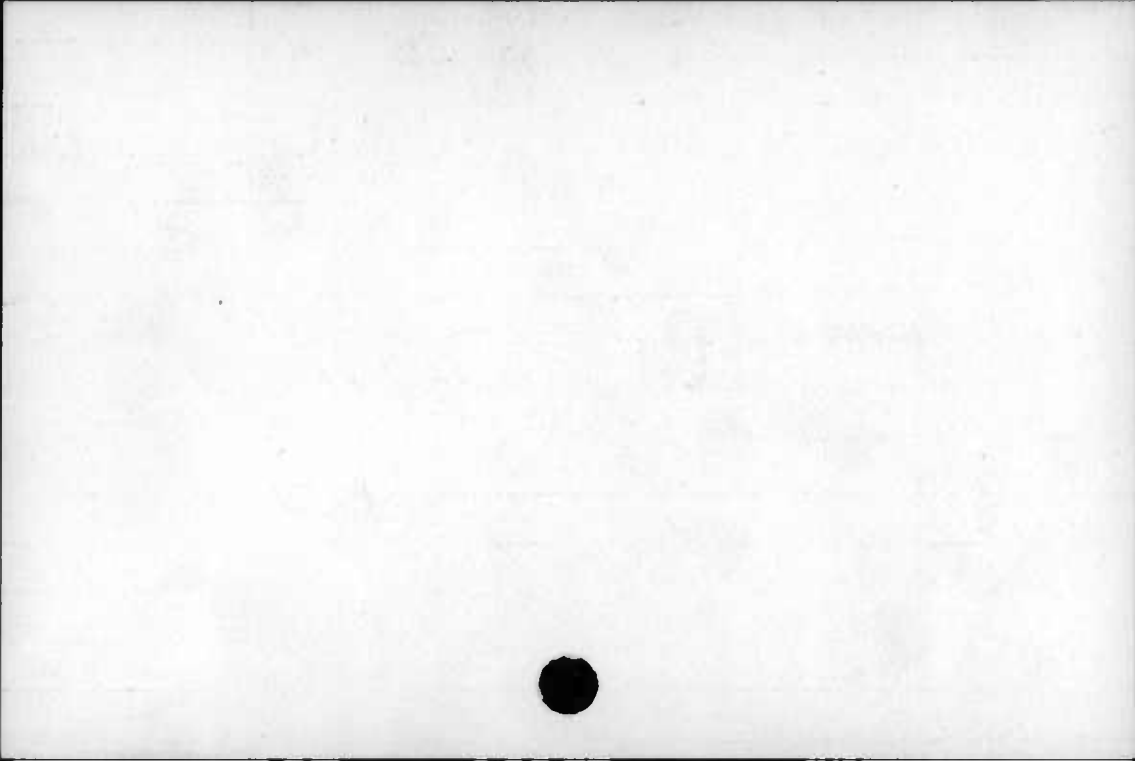
Primary *—* How long *—*

Immediate *Asphyxia Neonatorum* How long *2 4 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. Skilling M.D.*

Address *Dorchester, Louisiana*

Accident or Suicide? *no*



PHYSICIAN
OR CORONER

Charles Leo Eaton

CERTIFICATE OF DEATH

MARYLAND

Died at Home

County

Date of death 1908 ^{Month} Mar ^{Day} 18

Age Years

Months
1
2
3
4
5
6
7
8
9
10
11
12

Days
20

Sex Male

Color or Race *White*

Birth- place	Ind
-----------------	-----

Occupation none

Where Residing if not
at place of death

Married, Single
or Widowed Single

Name of Wife or Husband

None

Father's Name Charles Eaton

Father's Birthplace *Ma*

Mother's Maiden Name *Victoria Bartridge*

Mother's Birthplace	Ind
---------------------	-----

Name of person giving information Jennie Goff

How related to deceased	niece
-------------------------	-------

CAUSES OF DEATH

72

Primary *Tilapia - reproductum*

How long

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician F. B. McDonald

Address Rumorsland N.H.

McDonald

Accident or Suicide?

Tetanus Neanotorum

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

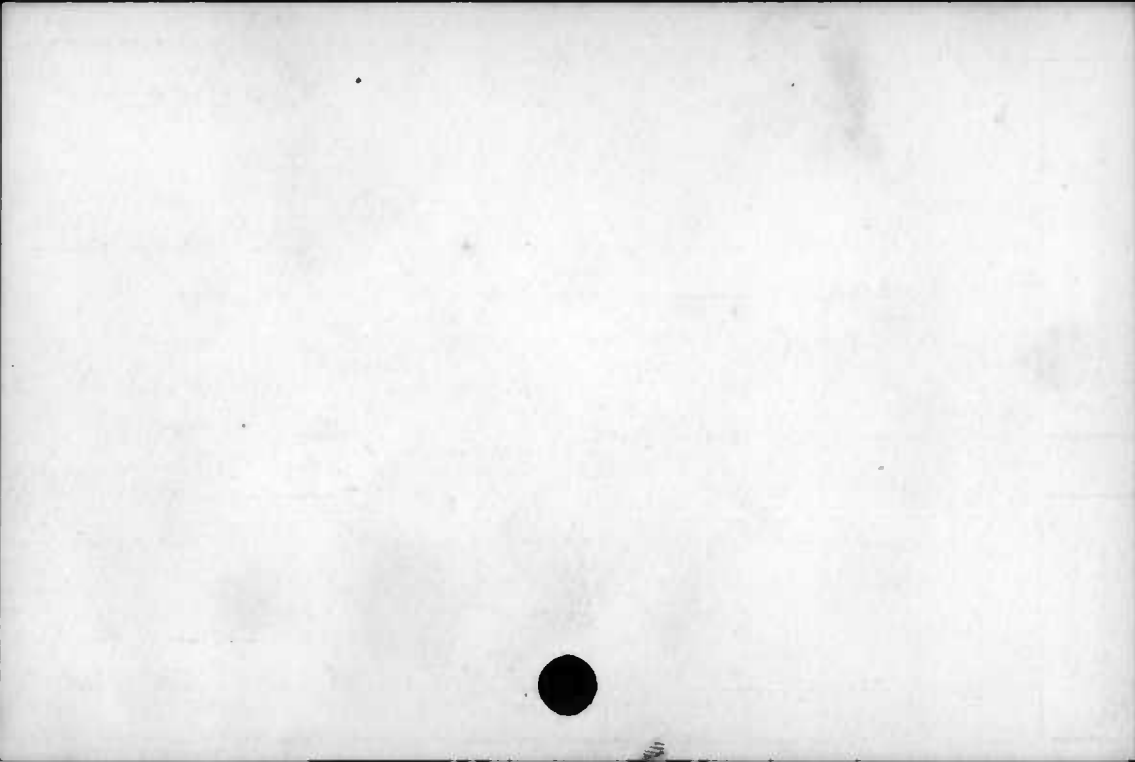
Name in Full		Town		County		MARYLAND	
Died at		Cumberland		Alleg.			
Date of death		1908	Month Mar	Day 20	Age	Years 75	Months Days
Sex		Male		Color or Race		White	
Occupation		Boatman		Where Residing if not at place of death		Birth- place Washington Co Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Henrietta Eaton	
Father's Name		Do not know		Father's Birthplace		Do not know	
Mother's Maiden Name		Do not know		Mother's Birthplace		Do not know	
Name of person giving In formation		James Eaton		How related to deceased		Son	

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary	Carcinoma, jaw	How long	6 mo.
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. B. McDaniel	
Eaton		Address	
		Cumberland Md	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Vincent Veronica Edwards

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Cumberland Md ^{County} AlleghenyDate of death 1908 ^{Month} 3 ^{Day} 25 ^{Age} 12 ^{Years} 8 ^{Months} 14 ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Town Hill, MdOccupation School-girl - ^{Where Residing if not at place of death} 92 Elder St^{Married, Single} ~~Widowed~~ ^{Name of Wife or Husband}^{Father's Name} Howard Edwards^{Father's Birthplace} Washington Co. Md^{Mother's Maiden Name} Margaret Goddard^{Mother's Birthplace} Williams Pt. Md^{Name of person giving information} Howard Edwards^{How related to deceased} Father

CAUSES OF DEATH

6

^{Primary} Measles^{How long} March 17th^{Immediate} Pneumonia^{How long} Mar. 23rd

Are the name, age, sex, color, date and place correctly given above?

^{Signature of Physician}^{Address}

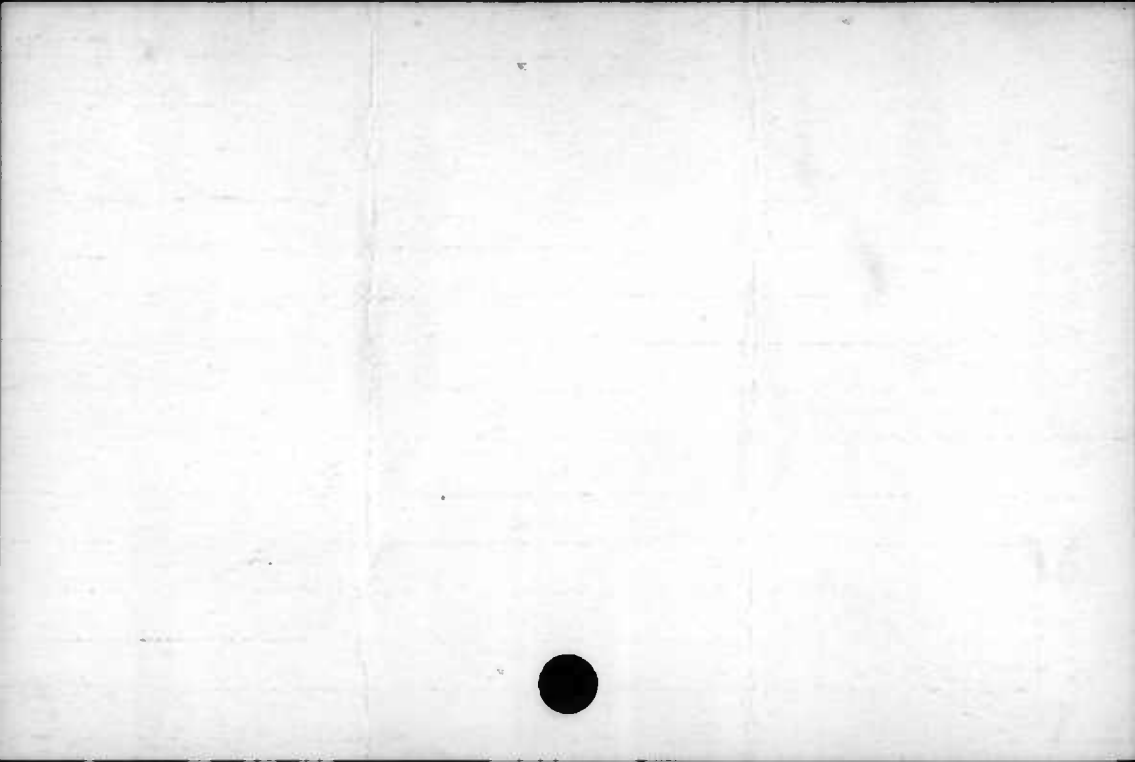
Yes

F. S. Barksdale

132 Va. Ave.

Cumberland, Md.

Accident or ~~Suicide~~



Name
in
Full

Roy Emmett Elsey

CERTIFICATE OF DEATH

MARYLAND

Died at *Cum* TownCounty *Alle*Date of death 1908 *Mar* MonthDay *25*

Age Years

Months *16*Days *3*Sex *Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*none*Father's
Name*Fred Elsey*Father's
Birthplace*West Va*Mother's
Maiden Name*Rachel Wolf*Mother's
Birthplace*West Va*Name of person giving
In formation*Mrs Mollie Smith*How related
to deceased*none*

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 week

Immediate

Exhaustion

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. H. Broadnuff*

Address

*Cumtland Ind
Broadnuff*# *1145*

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Amblersburg 20 m
West Va

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

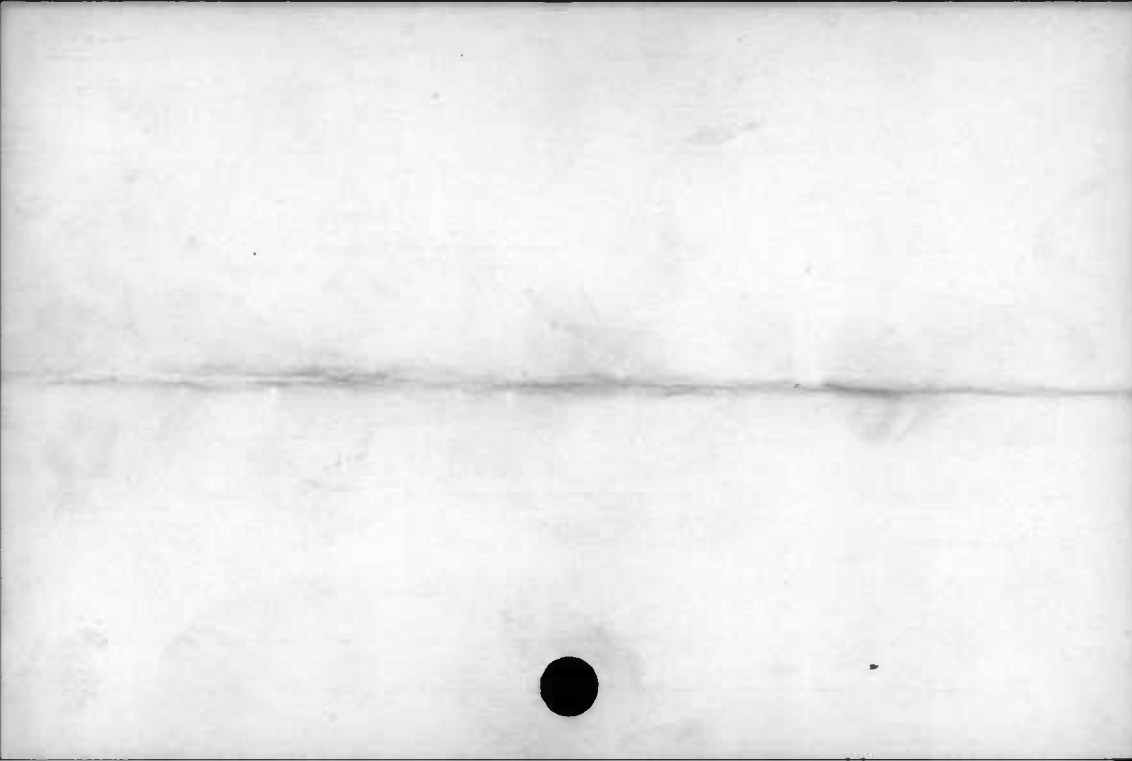
Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

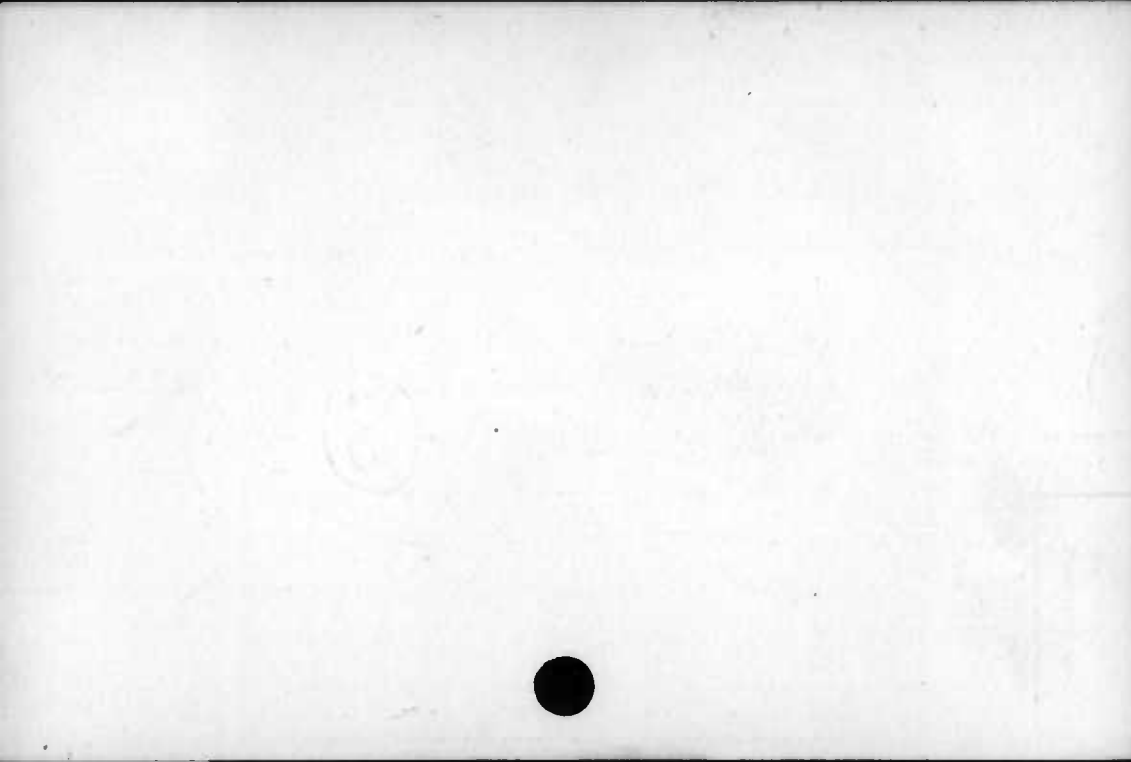
10

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		(Stillborn)		Fields		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Amherst		County		MARYLAND				
	Date of death		1908	Month	Feb	Day	6	Age	Years	Months	Days
	Sex		male		Color or Race		White		Birth-place		Amherst Md
	Occupation				Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband						
	Father's Name				Father's Birthplace						
	Mother's Maiden Name				Mother's Birthplace						
PHYSICIAN OR CORONER	Name of person giving information				How related to deceased						
	Lillie K. Hansen				Mother						
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary				How long						
	Stillborn (unknown)				—						
	Immediate				How long						
	Stillborn 7" months,				—						
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician						
yes				Address							
Stillborn				Geo. H. Broadgus MD							
Accident or Suicide?				Amherst Md							
No				MD							



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
FOR CORONER

CERTIFICATE OF DEATH

MARYLAND

Sex	Female	Color or Race	White	Birth-place	Ind
-----	--------	---------------	-------	-------------	-----

Married, Single or Widowed Married Name of Wife or Husband John Foster

Mother's
Maiden Name *Wendy Mather* 1

Mother's
Birthplace *Ireland*

Name of person giving information	How related to deceased
Wm. E. Rabbitt	Sister

CAUSES OF DEATH

Immediate *W. H. Harrison*

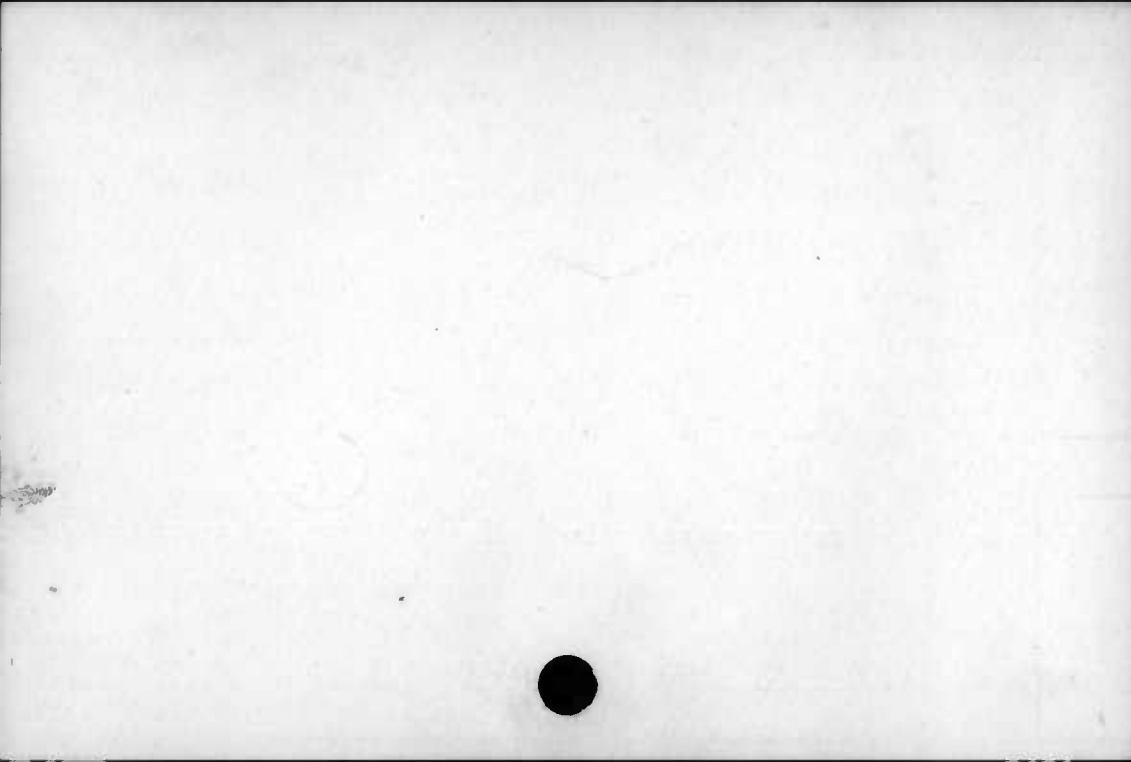
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A00010



Name
in
Full

William B. Frazier's Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtand</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1908</i>	<i>3</i>	<i>14</i>	<i>—</i>	<i>—</i>	<i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtand</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William B. Frazier</i>		Father's Birthplace <i>Bedford Pa</i>			
Mother's Maiden Name <i>Amy M. F. L.</i>		Mother's Birthplace <i>Bedford Pa</i>			
Name of person giving information <i>William B. Frazier</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born,</i>	How long
Immediate		How long
Are the name, age, sex, color, date, and place correctly given above?		Signature of Physician <i>A. D. Laublein</i>
		Address <i>Cumtand</i>
		<i>mt</i>
Accident or Suicide?		

32 Columbian

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtola</i>		Town <i>Allegheny</i>		County		MARYLAND	
Date of death	1908	Month	March	Day	25	Age	Years
Sex		Color or Race		Colored		Birth-place	
Occupation		Where Residing if not at place of death		none		-	
Married, Single or Widowed		Name of Wife or Husband		-		-	
Father's Name		<i>Wm Frazier</i>		Father's Birthplace		<i>Washington D.C.</i>	
Mother's Maiden Name		<i>Rose Lindsey</i>		Mother's Birthplace		<i>Ma.</i>	
Name of person giving information		<i>Wm Frazier</i>		How related to deceased		<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>7 1/2 mths</i>
Immediate	<i>Premature birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Spurgeon Davis,</i>	
<i>Stein</i>		Address	
		<i>63 N. Mechanic</i>	
Accident or Suicide?			

Frazier

128. Winnipeg

Name
in
Full

Mary Froehlich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

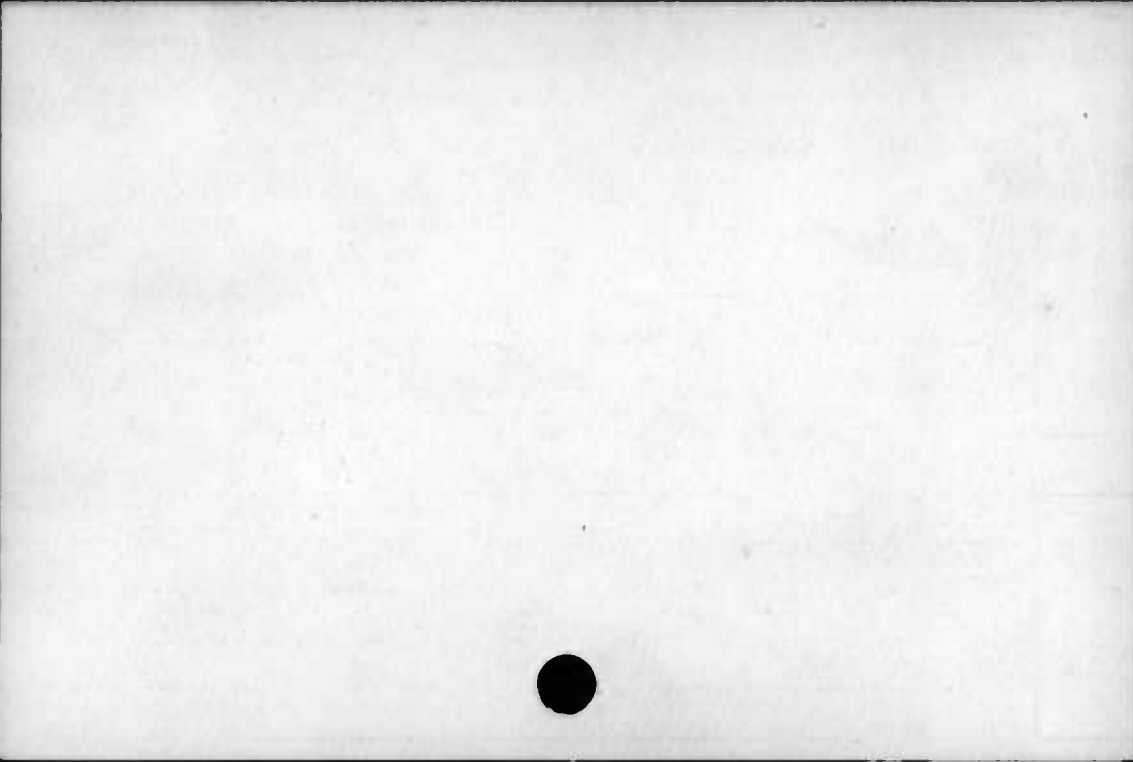
Died at <i>Embs</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>6</i>	Age <i>55</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Husband <i>Phillis Froehlich</i>				
Father's Name <i>Justien Herbert</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>do not know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>George Stark</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burn</i>	<i>(second degree)</i>	How long <i>17 hours</i>
Immediate <i>Shock</i>		How long <i>17 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Lochman</i>	
<i>Seen</i>	Address <i>Foghtman</i>	
Accident or Suicide? <i>accident</i>		



Name
in
Full

Margaret Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Son & Son</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>March</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Son & Son</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Gardner</i>			Father's Birthplace <i>Son & Son</i>		
Mother's Maiden Name <i>Nellie Whitefield</i>			Mother's Birthplace <i>Franklin, Md?</i>		
Name of person giving information <i>Mrs John Gardner</i>			How related to deceased <i>Widow</i>		

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary <i>Exhausted heart trouble - Asphyxia</i>	How long <i>3 days</i>
Immediate <i>Cyanosis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullard, M.D.</i>
	Address <i>Son & Son, Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Archie Gephart

Town

County

MARYLAND

Died at

Cum

Alle

Date

Month

Day

Years

Months

Days

of death

1908 Mar

22

Age

83

Sex

Female

Color or
Race

White

Birth-
place

Va

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

John Gephart

Father's
Name

not known

Father's
Birthplace

not known

Mother's
Maiden Name

not known

Mother's
Birthplace

" "

Name of person giving
information

John McGraw

How related
to deceased

none

CAUSES OF DEATH

66

Primary

Daralosis

How long

2 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos H. Ford

Address

Dumfries, Md

Accident or Suicide?

Known

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sign

7 June 18

Name in Full		George Gennett						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frostburg</i>			Town <i>Allegany</i>			County		
	Date of death <i>1908</i>			Month <i>Feb.</i>		Day <i>23</i>		Age <i>75</i>	
	Sex <i>male</i>			Color or Race <i>white</i>			Birth place <i>Shair Co. Pa</i>		
	Occupation <i>Carpenter</i>			Where Residing if not at place of death					
	Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Catherine E. Gennett</i>					
	Father's Name <i>Frank Gennett</i>			Father's Birthplace <i>Pa.</i>			Mother's Birthplace <i>Pa</i>		
	Mother's Maiden Name <i>Cecilia Latell</i>			How related to deceased <i>son</i>					
	Name of person giving information <i>Theodore Gennett</i>								
CAUSES OF DEATH									(41)
PHYSICIAN OR CORONER	Primary <i>Carcinoma intestines</i>			How long <i>3 months</i>					
	Immediate <i>Exhaustion</i>			How long <i>5 days.</i>					
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. McBrier</i>					
				Address <i>Frostburg Md</i>					
	Accident or Suicide?								

Hafar

Name
in
Full

Emma Gleichman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

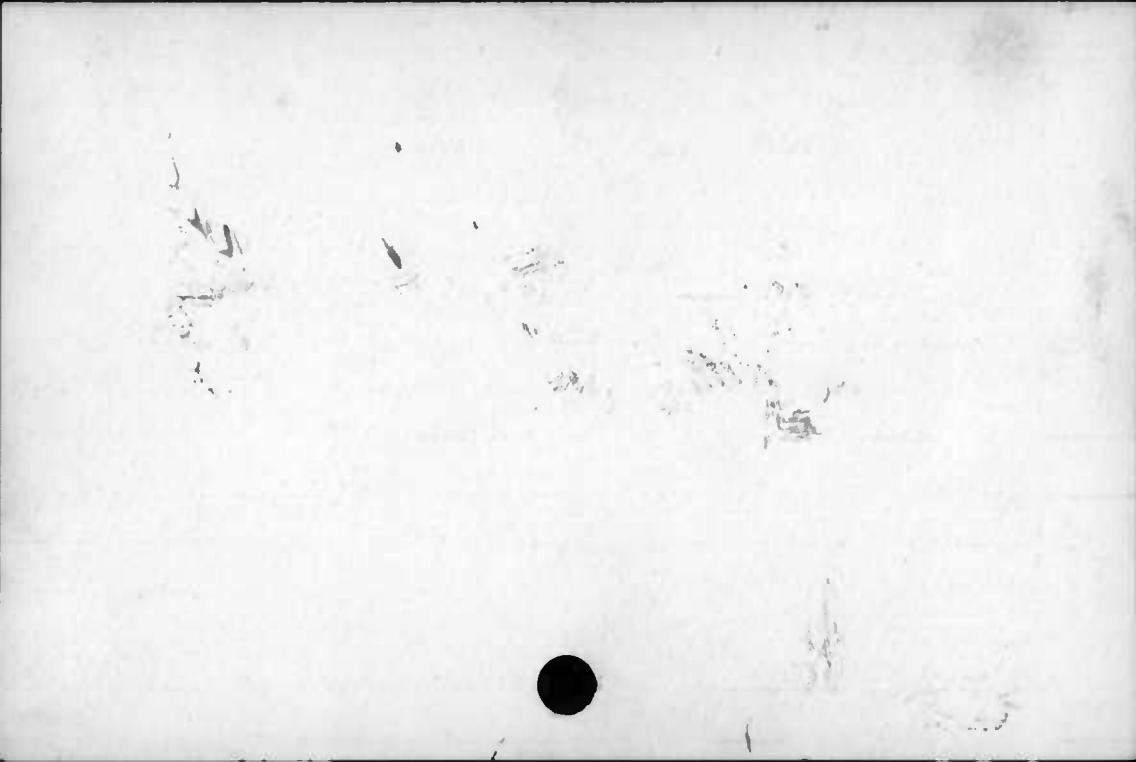
Died at <i>Cumt</i> ^{Town}		<i>Allegh</i> ^{County}			
Date of death	<i>1908</i>	Month <i>Mar</i>	Day <i>6</i>	Age <i>42</i>	Months — Days —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumt</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>#7 Cumt St.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. H. Gleichman</i>				
Father's Name <i>Lewis H. Soyster</i>	Father's Birthplace <i>Cumberland Md.</i>				
Mother's Maiden Name <i>Barrell Soyster</i>	Mother's Birthplace <i>Cumberland Md.</i>				
Name of person giving In formation <i>Chas. H. Gleichman</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Uterine Fibro-myoma</i>	How long <i>Some years</i>
Immediate <i>Act. gastric dilatation after Colicotomy</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James J. Johnson, M.D.</i>
<i>Stam</i>	Address <i>Cumberland, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Max Gottlieb

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Cumberland ^{County} Alleg.Date of death 1908 ^{Month} Mar ^{Day} 5 ^{Age} 71 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} GermanyOccupation Saloonkeeper ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Fannie Gottlieb

Father's Name Don't know

Father's Birthplace Don't know

Mother's Maiden Name "

Mother's Birthplace "

Name of person giving information Jacob Gottlieb

How related to deceased Son

CAUSES OF DEATH

95

Primary ~~Heart~~ & Lungs of Lungs

How long 48 hours

Immediate 2 hemorrhages

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Thos. W. Law

Address Baltimore

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rachel Grooms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

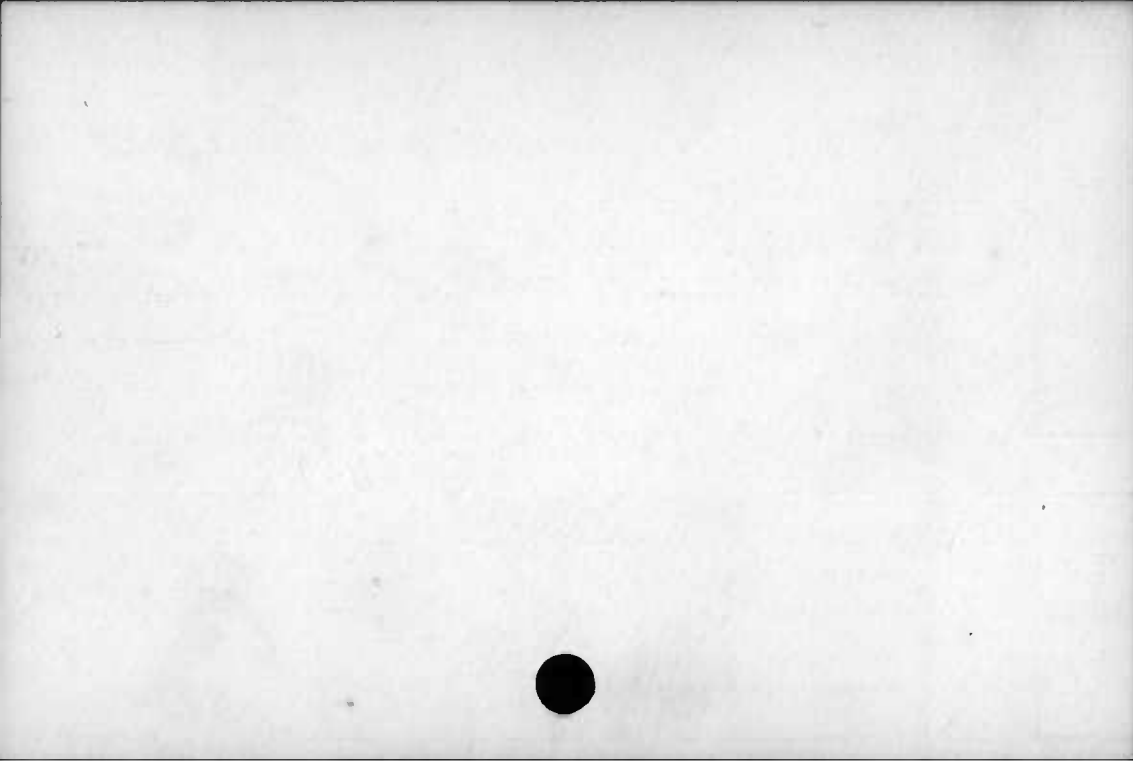
Died at <i>Cumtland</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>23</i>	Age <i>19</i>	Years	Months	Days <i>13</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washg. Co Md</i>				
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>Paca St</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Grooms</i>				Father's Birthplace <i>Sharpsburg Md</i>			
Mother's Maiden Name <i>Catharine Phillips</i>				Mother's Birthplace <i>Hannock Md</i>			
Name of person giving information <i>Robert Grooms</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>3 WEEKS</i>
Immediate <i>Heart failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Spear</i>
<i>Stair</i>	Address <i>Cumtland Md.</i>
Accident or Suicide?	



Name
in
Full

Edward Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cum* Town *Alle* County

MARYLAND

Date of death 1908 *Mar* Month *2* Day Age *32* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Va*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Blanche Hamilton*

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*

Name of person giving information *Thomas Burt* How related to deceased *none*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Acute Labor Pneumonia* How long *1 week*

Immediate *Exhaustion* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. F. T. Figg*

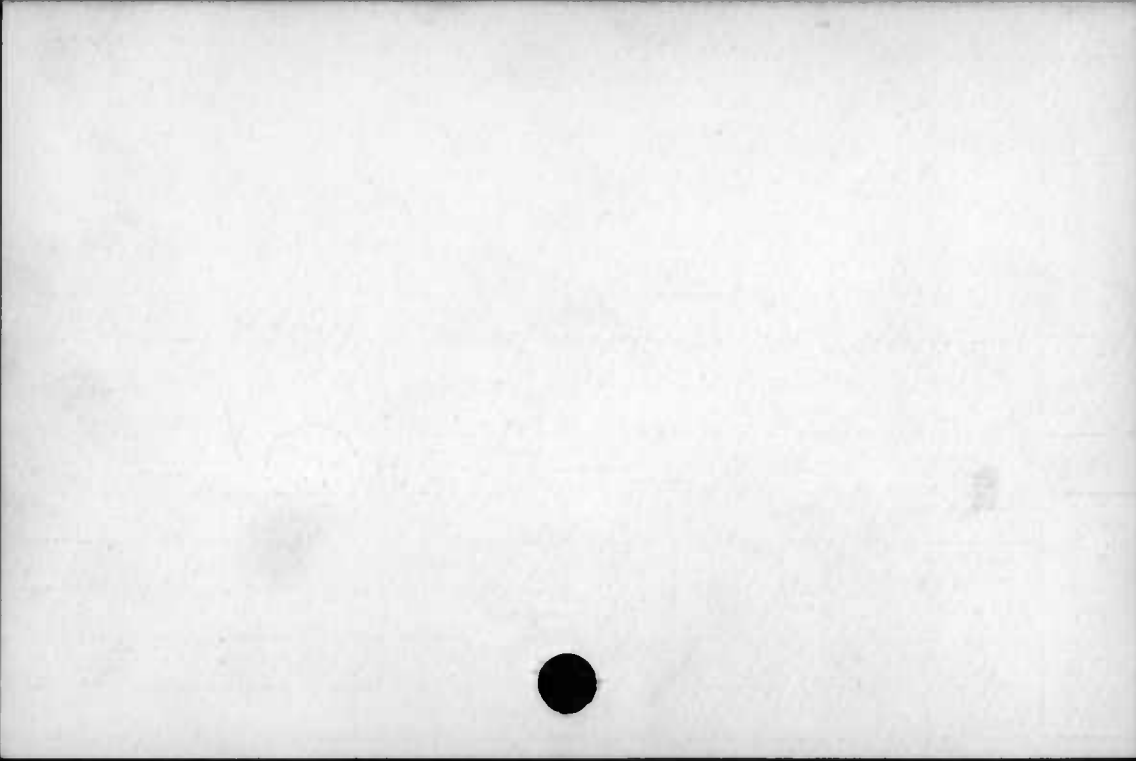
Address *Cumberland*

Figgs

Accident or Suicide? *No*



Name in Full		CERTIFICATE OF DEATH			
Mrs. Melvina Hamilton		Town Cumberland		County Allegheny	
Died at		MARYLAND			
Date of death		1908	Month Mar	Day 4	Age 75
Sex Female		Color or Race White		Months 2	Days 11
Occupation None		Where Residing if not at place of death		Birthplace Flintstone Md	
Married, Single or Widowed Widow		Name of Wife or Husband Levi Hamilton			
Father's Name Jacob Wolford		Father's Birthplace Pa.			
Mother's Maiden Name Elizabeth Evans		Mother's Birthplace Pa.			
Name of person giving information Martha J. Allen		How related to deceased Daughter			
CAUSES OF DEATH					
Primary Pneumonia		How long 6 days			
Immediate Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James T. Johnson, M.D.			
Physician or Coroner Dean		Address Cumberland Md.			
Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumberland</i> ^{Town}		<i>allig</i> ^{County}	
		Date of death <i>1908</i> ^{Month} <i>March</i> ^{Day} <i>9</i>		Age <i>69</i> ^{Years}	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Miller</i>		Where Residing if not at place of death <i>Ellen St.</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>M. E. Hickman</i>	
PHYSICIAN OR CORONER		Father's Name <i>Thomas Hickman</i>		Father's Birthplace <i>Do not know</i>	
		Mother's Maiden Name <i>Catharine Itrayne</i>		Mother's Birthplace <i>md</i>	
		Name of person giving information <i>Lueg. Welby</i>		How related to deceased <i>Sister in Law</i>	
		CAUSES OF DEATH		120	
Primary <i>Interstitial Nephritis</i>		How long <i>1 yr</i>			
Immediate <i>Uremia</i>		How long <i>1 week</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. W. Lint</i>			
<i>Seen.</i>		Address <i>Cumberland md</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

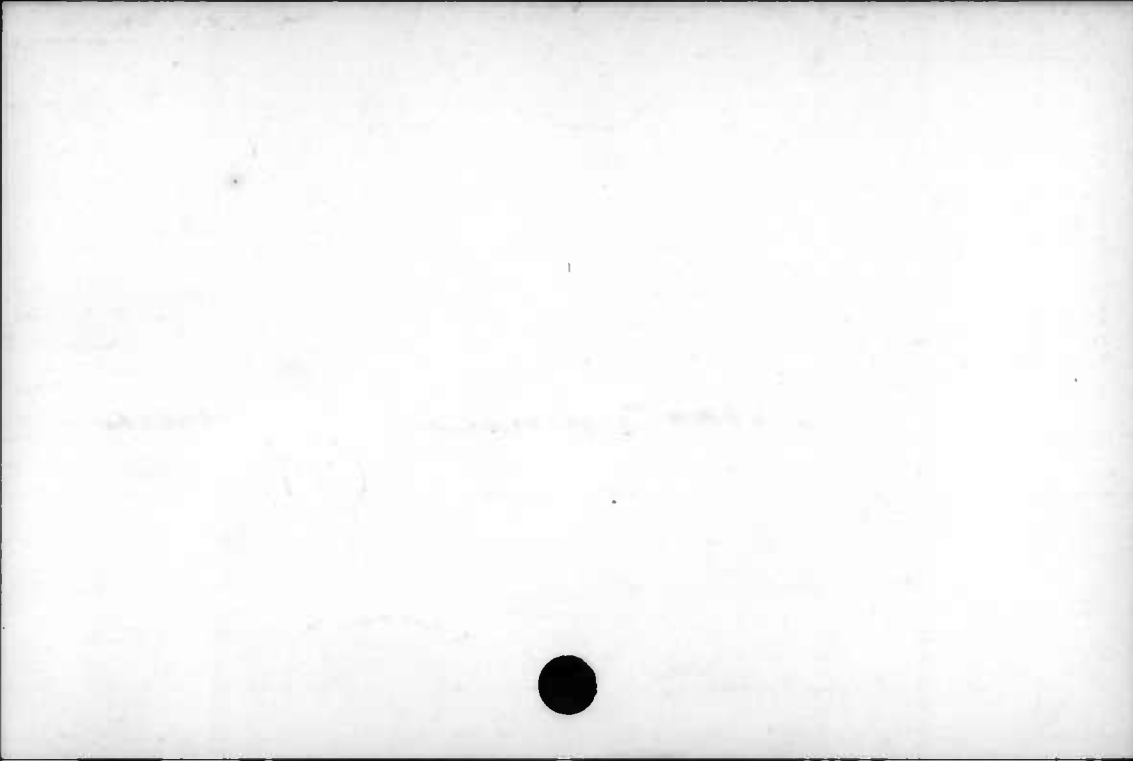
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John C Fiske</i>		Town <i>McCool</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 March 3rd</i>		<i>28</i>		<i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Allegheny Co</i>		Days <i>1</i>	
Occupation <i>Machinist</i>		Where Residing if not at place of death <i>McCool</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>J. Wm Fiske</i>		Father's Birthplace <i>Mineral Co W Va</i>					
Mother's Maiden Name <i>Gold L. Miller</i>		Mother's Birthplace <i>Allegheny Co W Va</i>					
Name of person giving information <i>J. Wm Fiske</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Two years</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. Hoffmann</i>	
<i>Yes</i>		Address <i>Keyser</i>	
Accident or Suicide?		<i>Wm</i>	



Name
in
Full

Mary Elizabeth Isaacs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

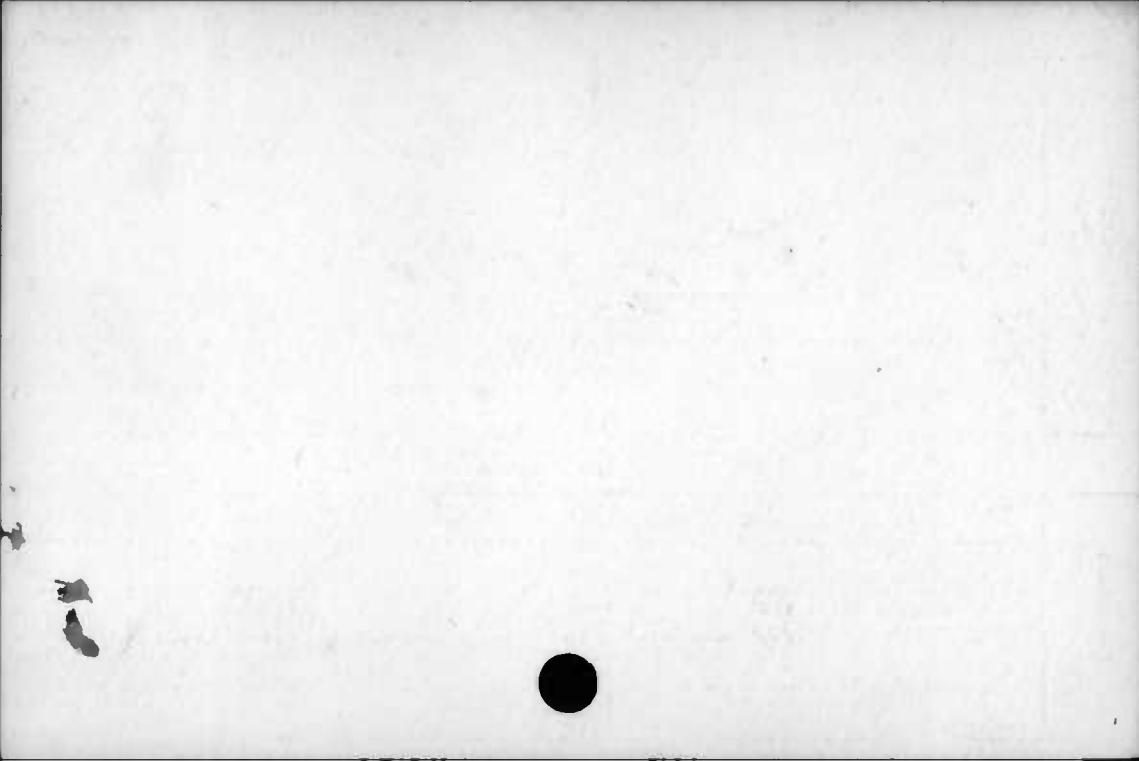
Died at		County		MARYLAND	
Date of death		Month	Day	Years	Months
1908		5	1	54	0
Sex	Color or Race	Birth-place			
Female	White	Keyser			
Occupation	Where Residing if not at place of death				
Agent	Cumberland				
Married, Single or Widowed	Name of Wife or Husband				
Widowed	H. H. Isaacs				
Father's Name	Father's Birthplace				
Geo B. Mahoney	Hagerstown				
Mother's Maiden Name	Mother's Birthplace				
Elizabeth Fagney	Cumberland Md				
Name of person giving information	How related to deceased				
Anna B. Isaacs	Daughter				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	8 months
Immediate	Heart failure	How long	And suddenly while asleep
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. H. Hedges	
		Address	
		Cumberland	
Accident or Suicide?			
-		Med.	



Name
in
Full

CERTIFICATE OF DEATH.

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Ruth Jeffries*

Died at *Frostburg* ^{Town} *Md* ^{County} *Allegheny*

MARYLAND

Date of death *1908* ^{Month} *March* ^{Day} *23* ^{Years} *Friday* ^{Months} *8* ^{Days} *18*

Age *69*

Sex *Female* Color or Race *White* Birth-place *Warton Northumberland Eng*

Occupation *H.W.* Where Residing if not at place of death *Frostburg Md*

Married, Single or Widowed *Married* Name of Wife or Husband *John Jeffries*

Father's Name *Isaac Tany* Father's Birthplace *Gloster England*

Mother's Maiden Name *Maria Hayward* Mother's Birthplace *Gloster England*

Name of person giving information *James B Jeffries* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *chronic dilatation Heart* How long *5 years*

Immediate *cardiac Failure* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Thos W. Deane*

Address *Frostburg, Md.*

Accident or Suicide?

Alleg. Comm.
Town

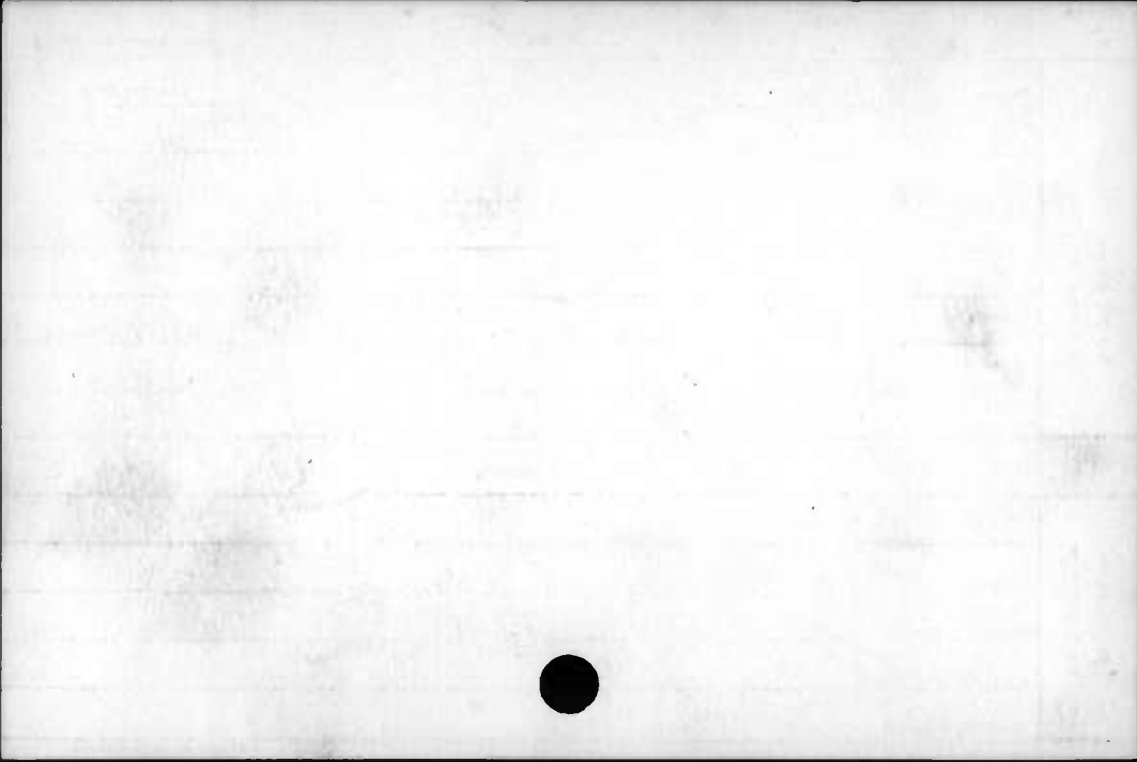
J. Hafer
Undertaker

Name in Full Walter Johnson		CERTIFICATE OF DEATH	
Died at Cumtland ^{Town} Alleg ^{County}		MARYLAND	
Date of death 1908 ^{Year} Mar. ^{Month} 28. ^{Day} 26 ^{Age}		Months Days	
Sex Male Color or Race Colored		Birth-place Ma	
Occupation Laborer		Where Residing if not at place of death	
Married, Single or Widowed Single.		Name of Wife or Husband	
Father's Name Arthur		Father's Birthplace Dont Know	
Mother's Maiden Name "		Mother's Birthplace " "	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
Primary Tuberculosis of lungs		How long 3 mos.	
Immediate Exhaustion		How long Two wks.	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Surgeon General	
Address 63 W. Mechanic St.			
Accident or Suicide? no			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>Mar</u>	Day <u>4</u>	Age <u>2</u> Years	Months <u>0</u> Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Chesapeake Md</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>John Kerchival</u>	Father's Birthplace <u>Chesapeake Md</u>				
Mother's Maiden Name <u>Maggie Hardy</u>	Mother's Birthplace <u>Chesapeake Md</u>				
Name of person giving information <u>John Kerchival</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>meningitis</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Duke</u>
<u>Statin</u>	Address <u>Chesapeake Md</u>
Accidental Death? <u>No</u>	

301. m. a. acc.

Chus Horus

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lindsay* Town *mt Sary* County *Allegheny*

Died at *mt Sary*

Date of death *1908* Month *March* Day *20* Age *7* Years Months *2* Days

Sex *Female* Color or Race *White* Birth-place *mt Sary*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Lawrence Lindsay* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Emrich* Mother's Birthplace *Pa*

Name of person giving information *Mary Emrich* How related to deceased *Mother*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Pneumonia with Tumor* How long *7 w*

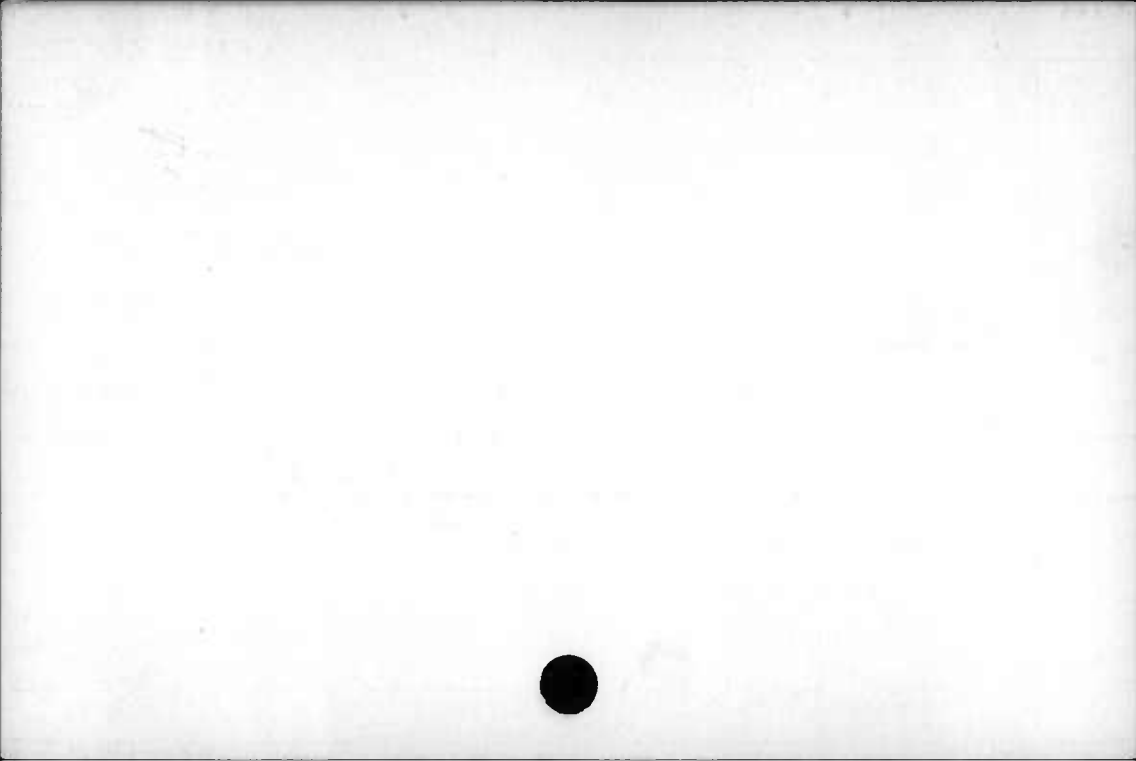
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *y*

Signature of Physician *F. Allen E. Murray*

Address *mt Sary*

Accident or Suicide? *Ind*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert Jackson Gongg
 Town Cumberland County
 Birth at

MARYLAND

Date of death 1908 Mar 22 Age 49 Months — Days —

Sex Male Color or Race White Birth-place Va

Occupation none Where Residing if not at place of death Oldtown road

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name L. K. Gongg Father's Birthplace Va

Mother's Maiden Name Fanny Gibson Mother's Birthplace Va

Name of person giving information Mary E. Valentine How related to deceased Sister

CAUSES OF DEATH

64

Primary Apoplexy How long 1 day

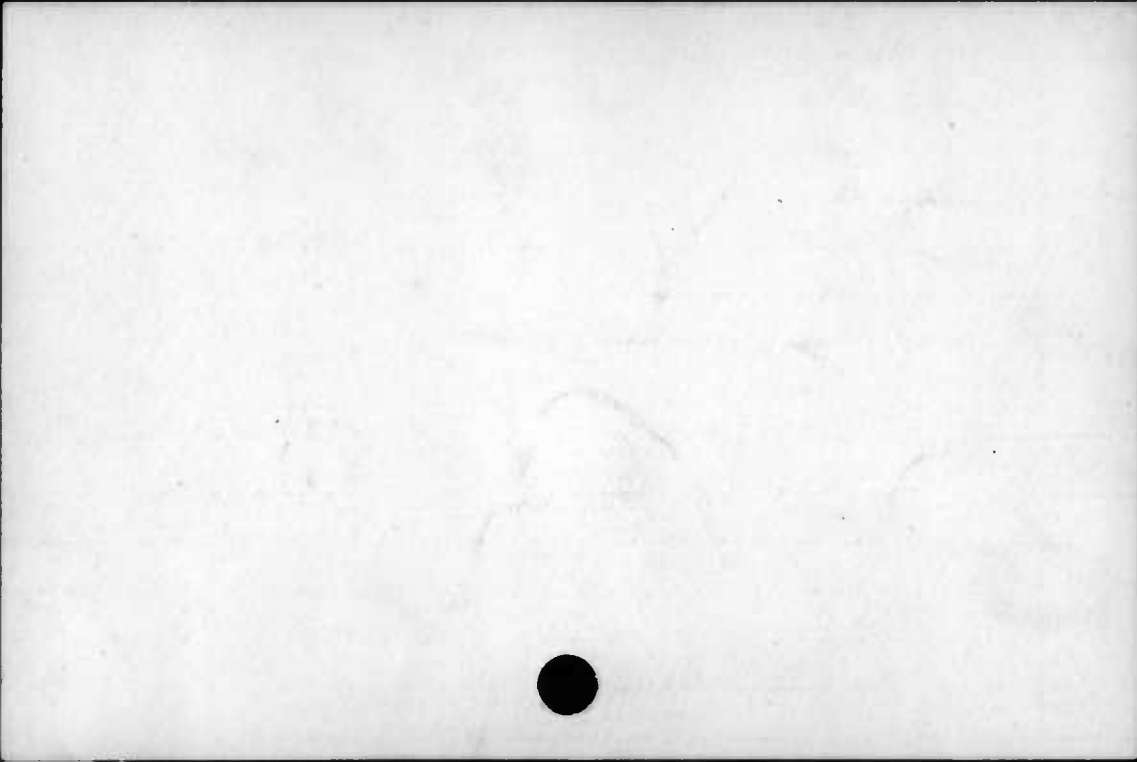
Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

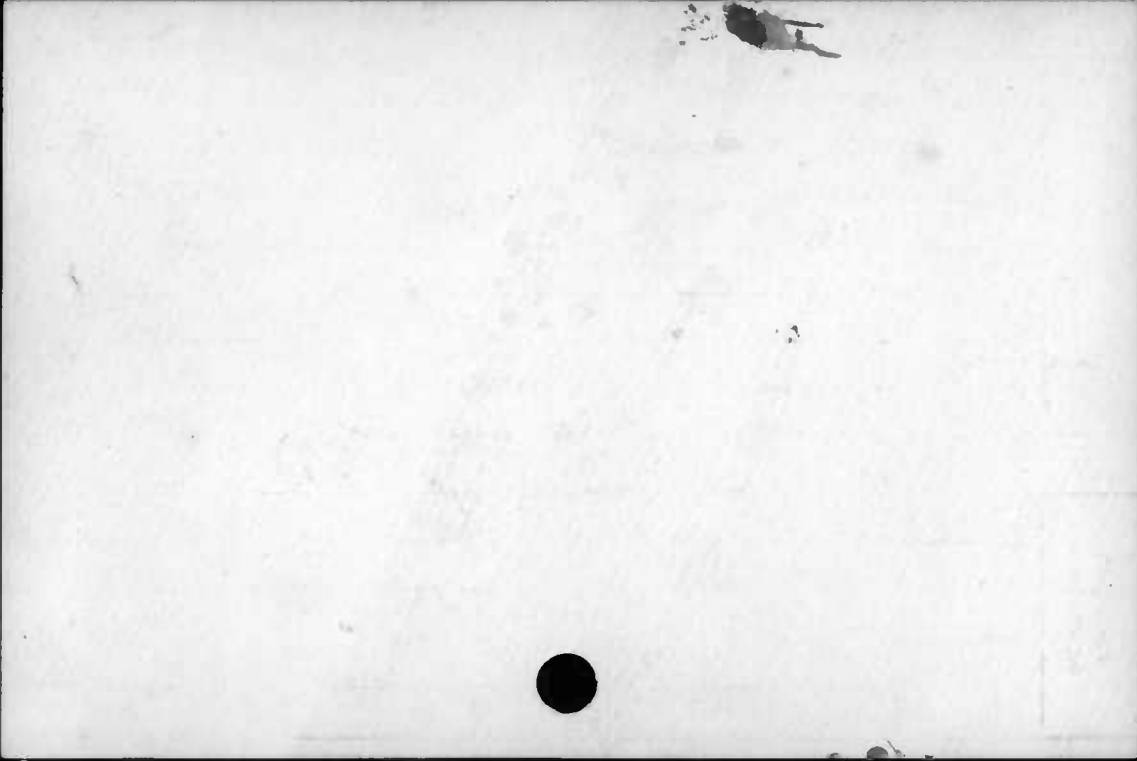
Signature of Physician Dr. C. L. George

Address Cumberland Md

Accident or Suicide? no



Name in Full		Certificate of Death			
Leo Markert		Town		County	
Died at		Cumberland		Alleg	
Date of death		Month	Day	Years	Months
1908		Mar	17	13	16
Sex		Color or Race		Birth-place	
Male		White		Pa	
Occupation		Where Residing if not at place of death			
Laborer					
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace		Germany	
Charles Markert					
Mother's Maiden Name		Mother's Birthplace		Ind	
Gury Schellhaus					
Name of person giving information		How related to deceased		Mother	
Gury Markert					
CAUSES OF DEATH					
Primary		How long		27	
Pneumonia		Several years			
Immediate		How long			
Exhaustion					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		J. J. Brown		Cumberland	
Accident or Suicide?		No		md	



Name in Full		William Menhorne				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Cumberland		Allegheny			
Date of death		1908	Month	Day	Age	Months	Days
			Nov	30	3	6	7
Sex		Male		Color or Race		White	
				Birth-place		Pa.	
Occupation		none		Where Residing if not at place of death -			
Married, Single or Widowed		Single		Name of Wife or Husband			
				none			
Father's Name		George Menhorne				Father's Birthplace	
						Md	
Mother's Maiden Name		Rena Merkel				Mother's Birthplace	
						Pa	
Name of person giving information		John B Merkel				How related to deceased	
						Pa	
		CAUSES OF DEATH				(119)	
Primary		Acute Nephritis				How long	
						3 days	
Immediate		Heart Failure				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				J. H. Ford			
Address		Cumberland				Md	
Accident or Suicide?							

Columbia St

3 Mr. Dick Gross -

next to Paul's

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

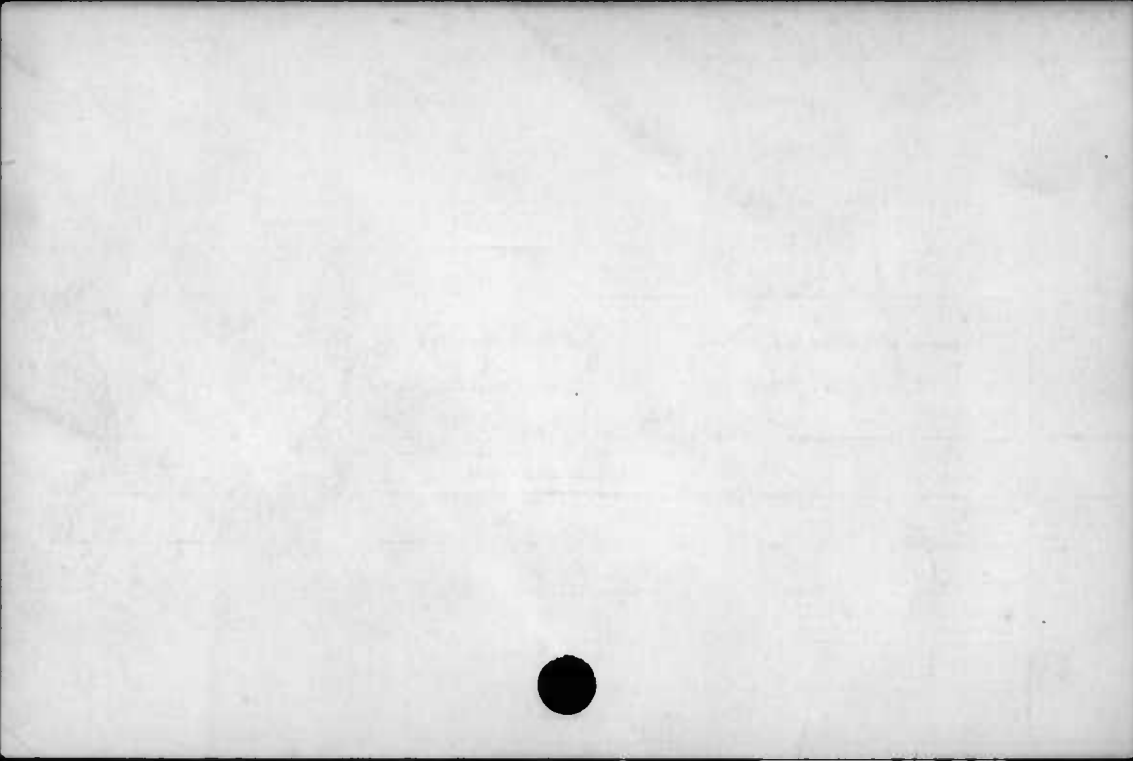
Died at Ulean		Town Ulean		County Alleghany		State MARYLAND	
Date of death	1908	Month March	Day 31	Age 2	Years 2	Months 3	Days
Sex Male	Color or Race White		Birth- place Ulean, Md.				
Occupation 			Where Residing if not at place of death Ulean, Md.				
Married, Single or Widowed 			Name of Wife or Husband 				
Father's Name John Murphy			Father's Birthplace Ulean, Md.				
Mother's Maiden Name Susan M^{rs} Mahon			Mother's Birthplace Vale Summit,				
Name of person giving In formation John Murphy			How related to deceased Father				

CAUSES OF DEATH

(6)

PHYSICIAN
OR CORONER

Primary Measles	How long 10 days
Immediate Measles + Pneumonia	How long 4 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. P. O'Neil, M.D.
	Address Midland, Md.
Accident or Suicide? 	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		Richard D Norris		Town		Cumberland		County		Alleg.		MARYLAND											
Died at		Cumberland		Month		Mar		Day		19		Age		18		Years		Months		Days			
Date of death		1908		Month		Mar		Day		19		Age		18		Years		Months		Days			
Sex		Male		Color or Race		White		Birth-place		Ind		Occupation		Labourer		Where Residing if not at place of death		#25 Oldown road					
Married, Single or Widowed		Single		Name of Wife or Husband				Father's Name		Isaac W. Norris		Father's Birthplace		Ind		Mother's Maiden Name		Mary C Conner		Mother's Birthplace		Ind	
Name of person giving information		Isaac W Norris		How related to deceased		Father																	

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary		Tuberculosis Pulmonalis		How long		One year	
Immediate		Exhaustion		How long		One day	
Are the name, age, sex, color, date and place, correctly given above?		Yes		Signature of Physician		T. B. McDonald	
Address		Cumberland, Md		Signature of Coroner		McDonald	
Accident or Suicide?							



Name
in Full

Emma Louise Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>11</u>	Age <u>73</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Cumberland</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edwina T. Owens</u>				
Father's Name <u>Laurence P. Davis</u>	Father's Birthplace <u>Baltimore</u>			Mother's Birthplace <u>Philadelphia</u>	
Mother's Maiden Name <u>Emma A. Seeger</u>	Name of person giving information <u>Edwina T. Owens</u>			How related to deceased <u>Husband</u>	

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <u>Peritonitis</u>	How long
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>G. B. McDonald</u>
<u>Yes</u>	Address <u>Cumberland Md.</u>
Accident or Suicide?	<u>Yes</u>

MacDonald

Name
in
Full

Alfredo Papa

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Camden* County *Alle* MARYLAND

Died at *Camden*

Date of death 1908 *Mar* 5 Age *2* Months *1* Days *14*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *none* Name of Wife or Husband *none*

Father's Name *Frank Papa*

Father's Birthplace *Italy*

Mother's Maiden Name *Rosa Antenzio*

Mother's Birthplace *Italy*

Name of person giving information *Frank Papa*

How related to deceased *Father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Bacterial Pneumonia*

How long *10 days*

Immediate *Exhaustion*

How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

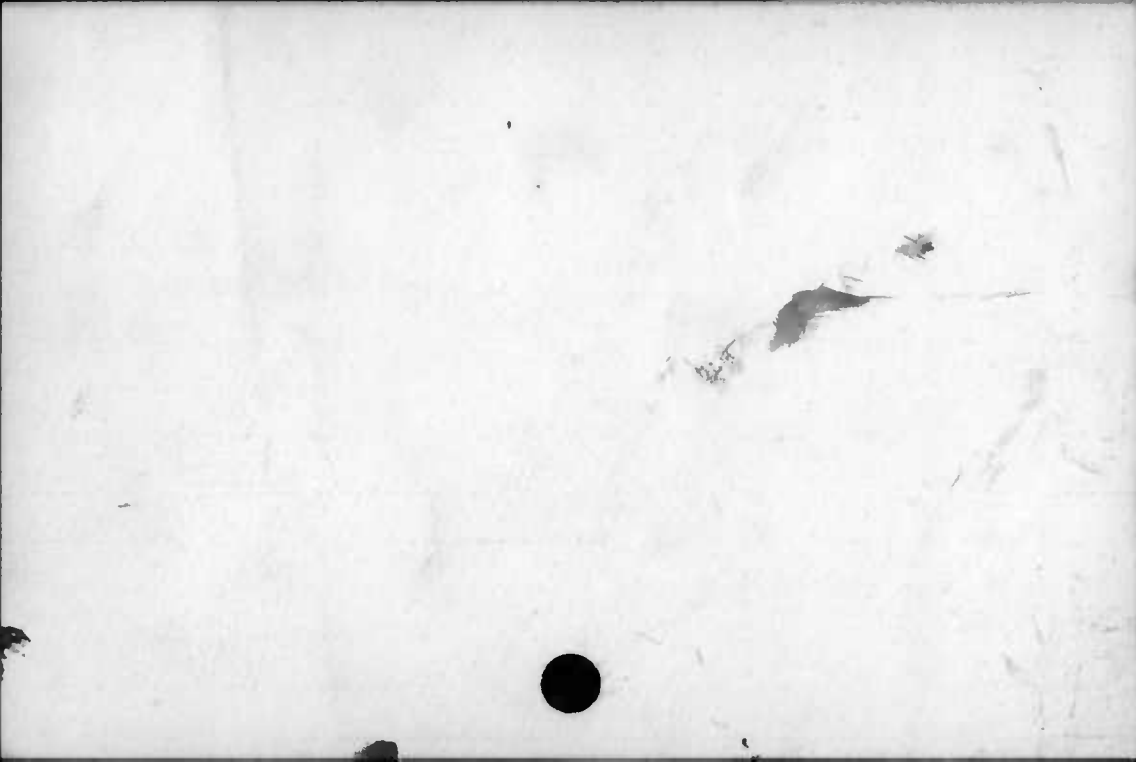
Signature of Physician *A. J. Duke*

Address *Cumberland Rd*

Solomon

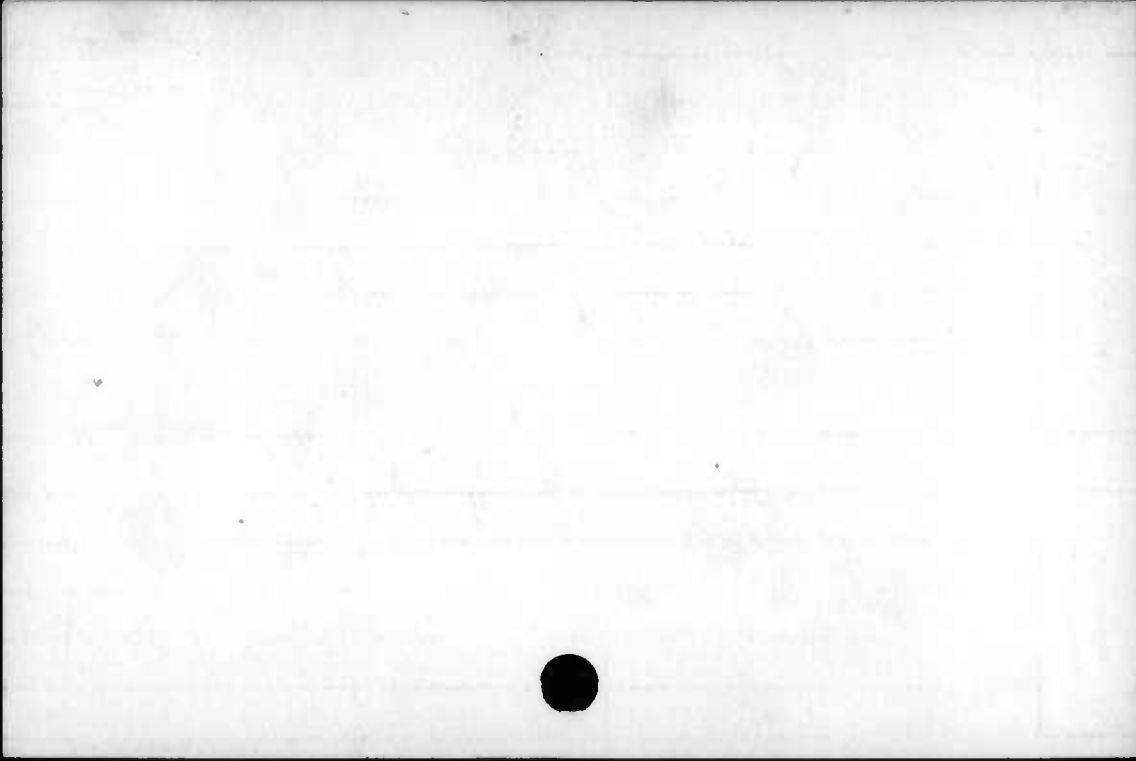
Accident *—* Suicide? *—*

Duke



Name in Full		Parah Parren				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Savage		County Allegheny		MARYLAND	
	Date of death	1908	Month March	Day 27	Age 61	Years	Months Days
	Sex	Female		Color or Race	White		Birth-place Pa
	Occupation	Homemaker			Where Residing if not at place of death		
	Married, Single or Widowed	Widow		Name of Wife or Husband Amos Parren			
	Father's Name	Samson Hook				Father's Birthplace	Pa
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Tilden Boor				How related to deceased	Son-in-law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Bronchitis				How long	several years
	Immediate	Abscess in lung				How long	6 weeks
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				F. Alan G. Kimmey M.D.		
	Address				Mt Savage Md		
Accident or Suicide? Accident							

99



Name
in
Full

Robert S. Pollock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Nest Pond, Allegany County MARYLAND

Date of death 1908 3 11 36 — — — —

Sex Male Color or Race White Birthplace Nest Pond,

Occupation Farmer Where Residing if not at place of death Nest Pond

Married, Single or Widowed Married Name of Wife or Husband Unknown

Father's Name J. M. Pollock Father's Birthplace Morley Co. Pa.

Mother's Maiden Name H. P. Daumeter Mother's Birthplace Maryland

Name of person giving information James Pollock How related to deceased Mother

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary Cirrhosis of Liver How long 2 yrs.

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. J. S. Franklin

Cumbe Land Md.

Accident or Suicide?

Franklin

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Anna Preston*

Died at *Barton* Town *Allegheny* County

Date of death *1908* Month *March* Day *16* Age *63* Years Months *7* Days

Sex *Female* Color or Race *White* Birth-place *Scotland*

Occupation *Housewife* Where Residing if not at place of death *X*

Married, Single or Widowed *Widow* Name of Wife or Husband *Mrs Sarah Preston*

Father's Name *John Greenham* Father's Birthplace *Scotland*

Mother's Maiden Name *Margaret Robinson* Mother's Birthplace *Scotland*

Name of person giving information *Janette Kirk* How related to deceased *Sister*

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary *Hepatitis* How long *About 10 days*

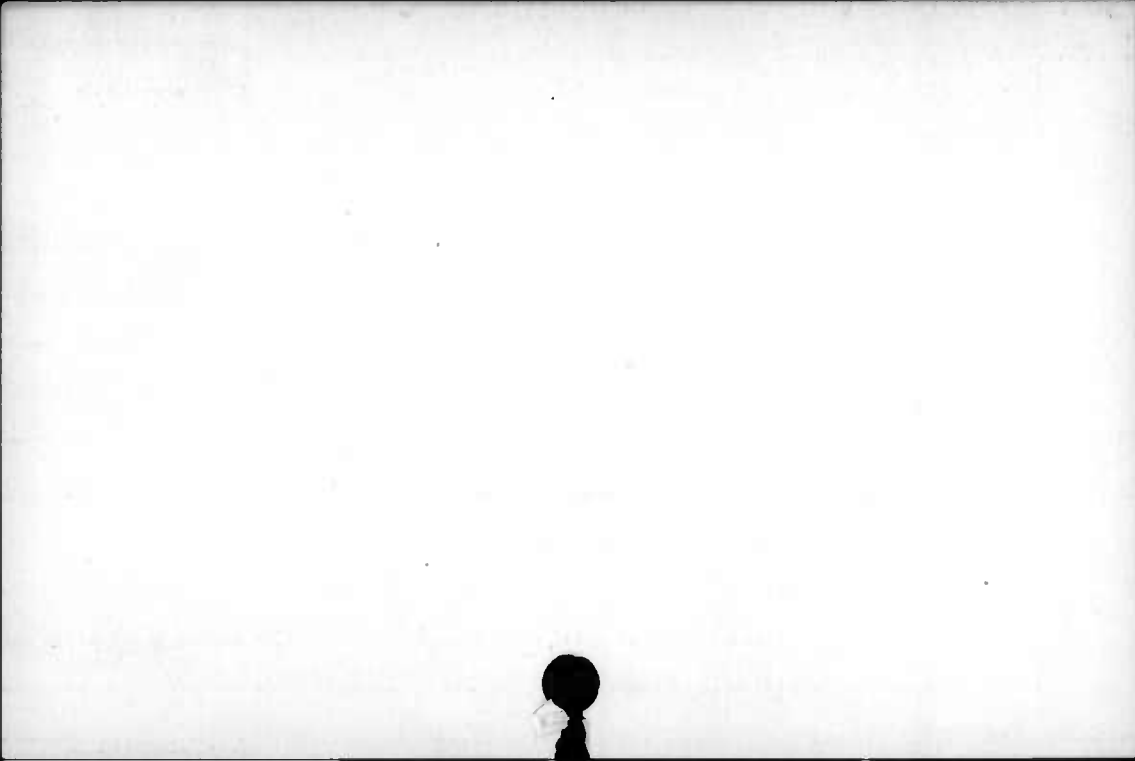
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. B. Anderson*

Address *Barton Md*

Accident or Suicide?



Name
in
Full

William Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Shushoun* County *Allegheny* MARYLAND

Died at .

Date of death 1908 *March* *9* Age *50* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Peter Wilson* *How related to deceased* *No*

CAUSES OF DEATH

66

Primary *Apoplexy (Paralysis)* How long *8 yrs*

Immediate *Exhaustion* How long *2 mo*

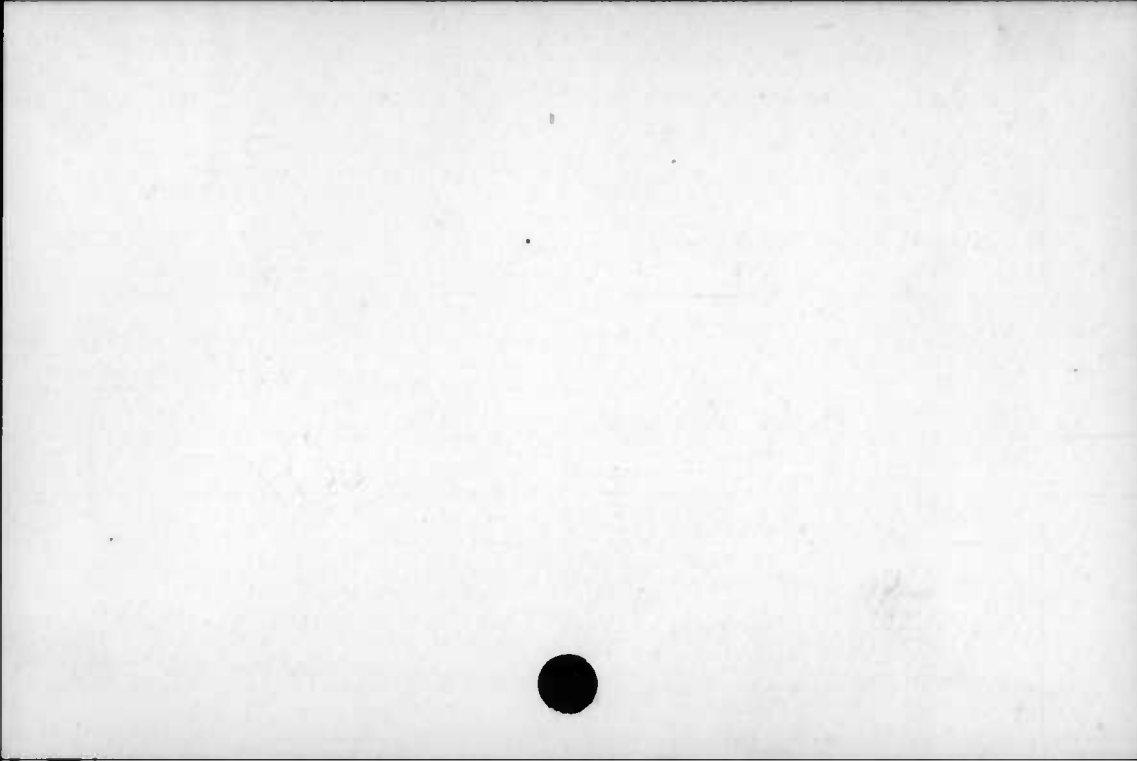
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. A. Turgg*

Address *Cumtland, MD.*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER



Name
in
Full

David H. Sancer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

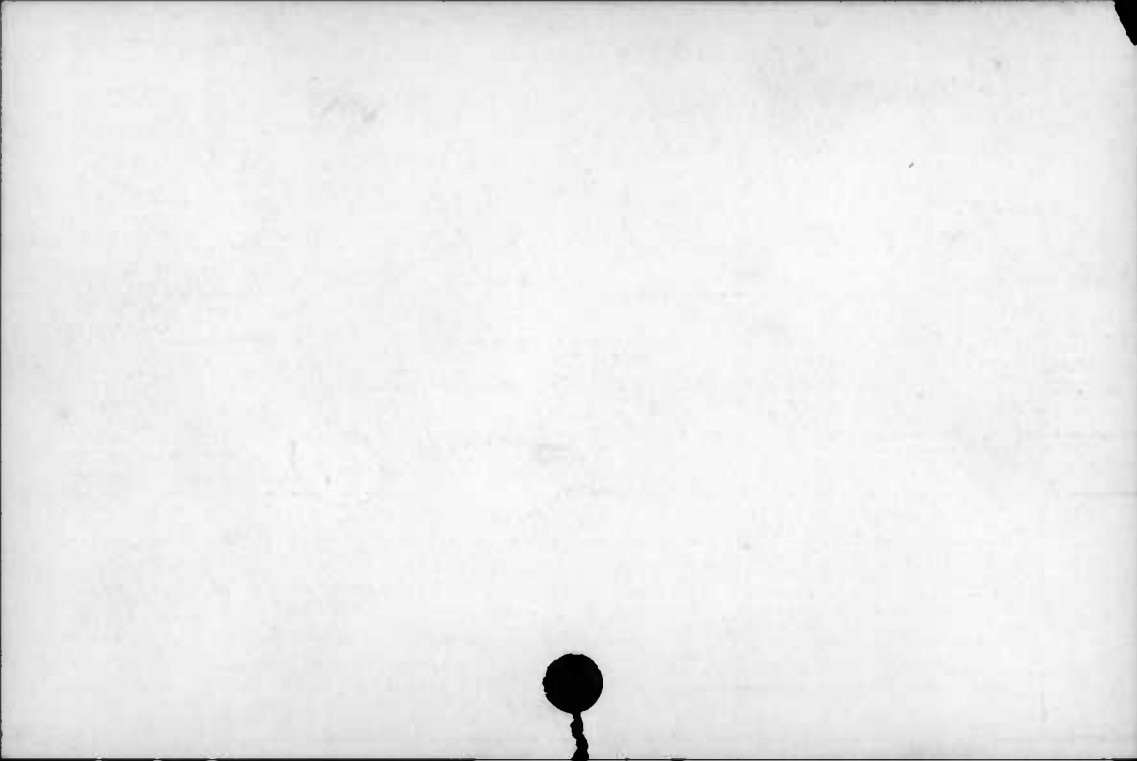
Died at <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1908	Month	<i>March</i>	Day	27
Age		Years		Months	Days
36		-		-	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birthplace	<i>Preston Co. W. Va.</i>				
Occupation	<i>Lumberman</i>		Where Residing if not at place of death <i>Brelin</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Wora Sancer</i>		
Father's Name	<i>Wm B. Sancer</i>		Father's Birthplace <i> Md.</i>		
Mother's Maiden Name	<i>Isabel R. Shaffer</i>		Mother's Birthplace <i>W. Va.</i>		
Name of person giving information	<i>Wm B. Sancer.</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>W. A. Tuzig</i>	
Address		<i>Cumberland Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

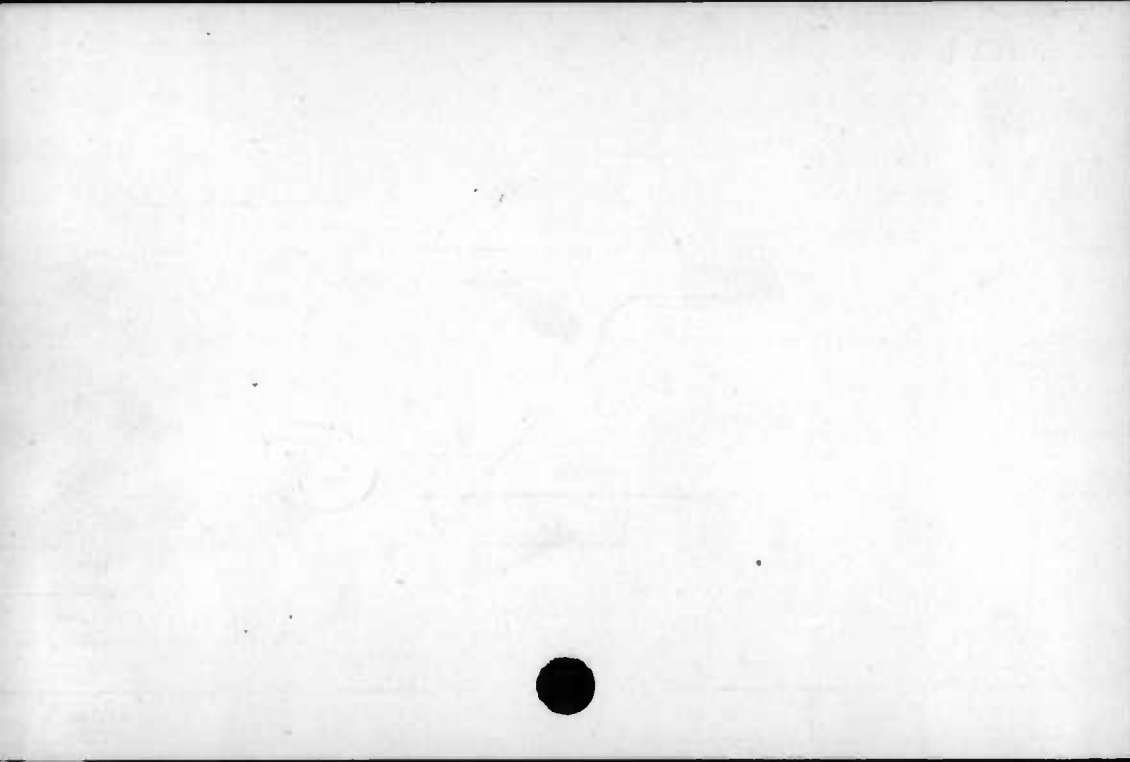
Died at <i>Lonaconing</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1908</i> <i>March</i> <i>21</i>		Age <i>4</i> Years		Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lonaconing</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Roy B. Schley</i>		Father's Birthplace <i>New York</i>			
Mother's Maiden Name <i>Elizabeth Peters</i>		Mother's Birthplace <i>Lonaconing</i>			
Name of person giving information <i>Roy B. Schley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	<i>Peritonitis (Intestinal)</i>	How long <i>Six weeks</i>
Immediate	<i>Capillary Bronchitis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling M.D.</i>
		Address <i>Lonaconing</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

Margaret J. Sleichman

Town

County

MARYLAND

Died at *Cumberland*

Allegheny

Date

Month

Day

Years

Months

Days

of death *1908*

March

4

Age

79

Birth-
place

Germany

Sex

Female

Color or
Race

White

Occupation

retired House Keeper

Where Residing if not
at place of death

-

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John T. Sleichman

Father's
Name

Do not know

Father's
Birthplace

Germany

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Germany

Name of person giving
Information

Charles Sleichman

How related
to deceased

Son

CAUSES OF DEATH

120

Primary

Chronic Interstitial nephritis

How long

Yrs

Immediate

Fracture

How long

Weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Hochman

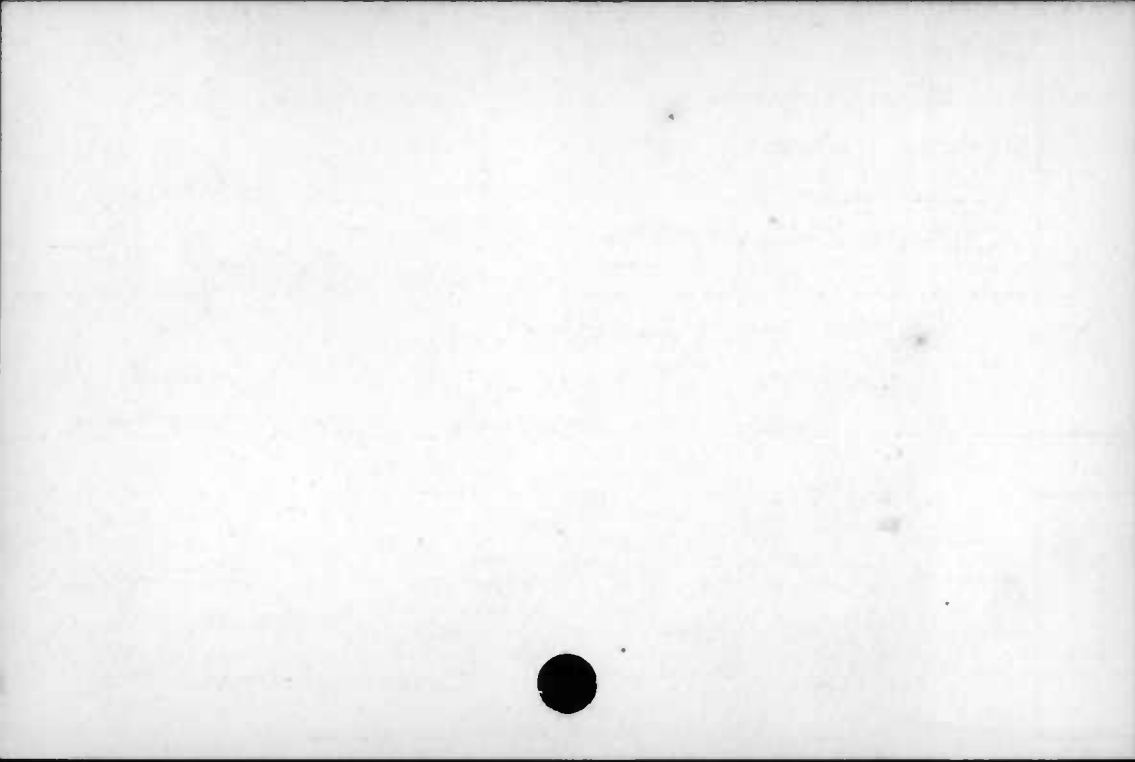
Address

Foghtman

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

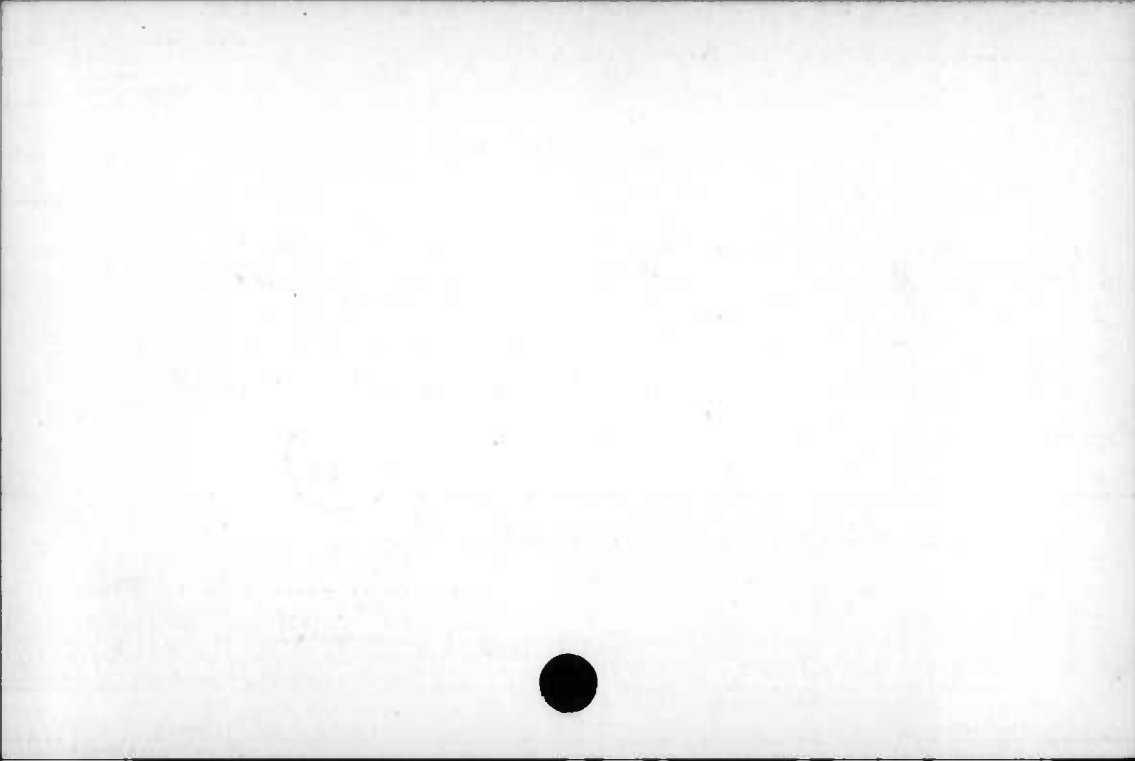
Name <i>Senora B. Smith</i>		Town <i>Chamberland</i>		County <i>Alleghany</i>		MARYLAND	
Died at		Month <i>Mar</i>		Day <i>4</i>		Age <i>40</i>	
Date of death <i>1908</i>		Years <i>0</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Illinois</i>			
Occupation <i>Housewife (massager)</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James M. Smith</i>					
Father's Name <i>Wm. Brookover</i>		Father's Birthplace <i>va</i>					
Mother's Maiden Name <i>Sarah Hoge</i>		Mother's Birthplace <i>Greens Pa</i>					
Name of person giving In formation <i>Jas - M - Smith</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Acute Peritonitis</i>	How long <i>6 days</i>
Immediate <i>Intestinal obstruction</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Duke</i>
	Address <i>Chamberland Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Edward Stein

CERTIFICATE OF DEATH

Town

County

Died at Cumberland

Alleghany

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

March

10

Age

45

1

25

Sex

Male

Color or
Race

White

Birth-
place

Cumberland Md

Occupation

Driver

Where Residing if not
at place of death

Zeny St

Married, Single
or Widowed

Married

Name of Wife or
Husband

Catherine Stein

Father's
Name

Jacob Stein

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Young

Mother's
Birthplace

Baltimore Md

Name of person giving
In formation

Lorrie Stein

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Fractured Skull,

How long

6 days -

Immediate

Exhaustion

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. F. Twigg,

Address

Cumberland,
Md.

Accident or Suicide

Accident.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERFall from wagon, striking
head on stone-pile.

164



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

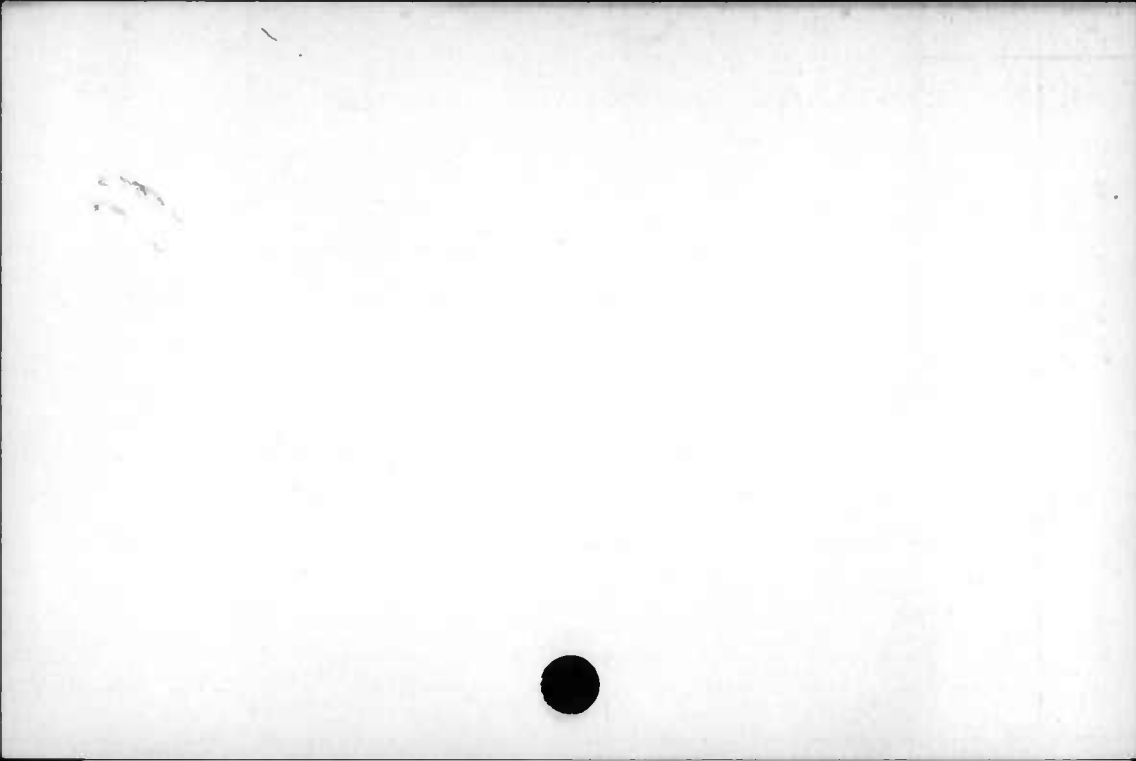
Died at <i>Port Sarage</i> ^{Town}		<i>Allegany</i> ^{County}			
Date of death <i>1908</i>	Month <i>March</i>	Day <i>13</i>	Age <i>27</i>	Years <i>27</i>	Months <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Summerton</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>B. F. Stokes</i>	Father's Birthplace <i>Maine</i>				
Mother's Maiden Name <i>Sarah Sloan</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Sarah Stokes</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>several years</i>
Immediate <i>Purpura Hemorrhagica</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Alan E. Murray M.D.</i>
<i>yes</i>	Address <i>Ind Sarage</i>
Accident or Suicide?	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>13</i>	Day <i>26</i>	Age <i>76</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Martinsburg, W. Va.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John W. Titch</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>2 Weeks</i>
Immediate <i>Grippe</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Brown</i>
<i>L. H. H. H.</i>	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thelma Washington</i>		Town <i>Burr</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Burr</i>		Month <i>Mar</i>		Day <i>15</i>		Years <i>2</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Caucas</i>		Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas Washington</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mollie Brumby</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Thomas Washington</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Six days</i>
Immediate <i>heart failure</i>	How long <i>four hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Surgeon General</i>
<i>yes</i>	Address <i>of H. Wickham's</i>
Accident or Suicide?	<i>Answer</i>

3 & danielson 17

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary William* Town *Baltimore* County *Allegany*

Died at *Baltimore*

Date of death *1908* Month *March* Day *7* Age *61* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Ta*

Occupation *Washerwoman* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *James William*

Father's Name *Frank Johnson* Father's Birthplace *TN*

Mother's Maiden Name *Elizabeth William* Mother's Birthplace *TN*

Name of person giving information *Safar Rhodes* How related to deceased *sister*

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary Cause of Death *Cancer of Breast* How long *2 yrs*

Immediate Cause of Death *Exhaustion* How long *2 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. T. S. S. S.*

Address *Baltimore*

Accident or Suicide? *No*

